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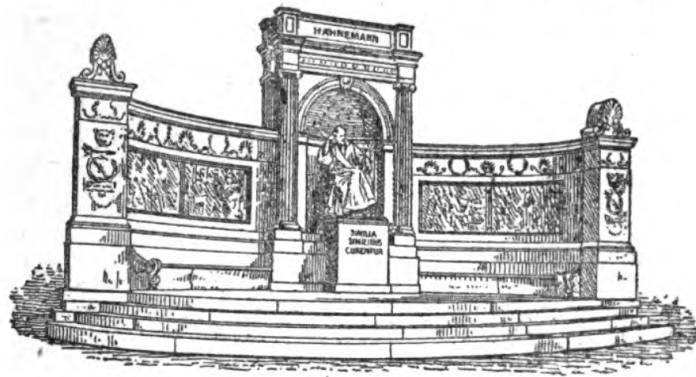






# THE BRITISH HOMŒOPATHIC REVIEW.

*With which is incorporated*  
THE MONTHLY HOMŒOPATHIC REVIEW.



Consulting Editor :  
D. DYCE BROWN, M.A., M.D.

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With a permanent staff of correspondents.

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# THE BRITISH HOMŒOPATHIC REVIEW.

JANUARY, 1908.

## OUR FOREWORD.

IN introducing the second volume of the BRITISH HOMŒOPATHIC REVIEW the Editors wish to thank their readers and contributors for the support and encouragement, so ungrudgingly bestowed, during the past year. They hope to make the Review for the coming year still more worthy of support and to increase its practical value as a medical journal. A number of representative members of our school, including some of the most active workers and best writers, have promised to help us. We hope to include all sections of medical and surgical work, the whole being written with the desire to interest, help, and to keep up to date all those engaged in the active service of their profession, and whose time for reading and original research is, perforce, very limited.

The following, amongst others, have agreed to contribute clinical cases and other articles during the ensuing year :—

**On Albuminuria.** By John Roberson Day, M.D. (Lond.), Physician for Diseases of Children, London Homœopathic Hospital; Consulting Anæsthetist to the London Homœopathic Hospital.

**On a Micrococcus Occurring Frequently in Pulmonary Tuberculosis.** By Charles Edwin Wheeler, M.D., Assistant Physician to the London Homœopathic Hospital and Associate Editor of the *Homœopathic World*.

**Clinical Cases.** By Edward William Berridge, M.B., B.S. (Lond.), M.D. (Homœopathic College, Philadelphia).

**The Dietetic Treatment of Epilepsy.** By George Black, M.B., C.M., Torquay. Dr. Black will also contribute articles during the year, dealing with some Phases of the "Food Question."

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**The Waters of Bourbon Lancy.** By Herbert Nankivell, M.D.,  
Consulting Physician to the Hahnemann Convalescent Home,  
Bournemouth.

**Clinical Cases.** By David Ridpath, M.D., Sunderland.

**"Magna est veritas et prævalebit: Similia Similibus Curantur."**  
By Edward Mahony, M.R.C.S.Lond., L.S.A.Lond., Liverpool.

We also hope to get a paper on—

**Abdominal Pain in Women.** By William Cash Reed, M.D.,  
Liverpool.

**Why are we Homœopathic Doctors?** By Dr. Thomas Wesley  
Burwood, Ealing.

**Some Oculo-motor Paralyzes and their Treatment.** By A.  
Speirs Alexander, M.D., Assistant Ophthalmic Surgeon to the  
London Homœopathic Hospital.

**Something about Proving, with Special Reference to Ornitho-  
galum.** By J. H. Clarke, M.D., London, Consulting Physi-  
cian to the London Homœopathic Hospital.

**The Protective Value of Sodium Cacodylate in Malignant  
Disease.** By George Burford, M.B., London, Senior Gynæ-  
cological Physician to the London Homœopathic Hospital.

Dr. Burford will also contribute a paper entitled **Further  
Experience in the Therapeutics of High Altitudes.**

Papers are also promised by :—

Dr. Proctor, Birkenhead.

Dr. Purdom, Croydon.

Mr. Dudley Wright, London.

Dr. Dyce Brown, London.

Dr. Arthur A. Beale, London.

Dr. E. M. Madden, Bromley.

Dr. Frank A. Watkins, London.

Dr. W. Clowes Pritchard, St. Leonards-on-Sea.

We hope, also, to be able to secure articles from some of  
the leading homœopathic practitioners in America, who have  
already, in so practical and generous a manner, shown their  
interest in the welfare of the British Homœopathic Associa-  
tion, and the BRITISH HOMŒOPATHIC REVIEW.

It is further proposed to publish, month by month, an  
exhaustive and authoritative review of some one important  
medical work, which is at the same time of special interest to

the medical profession generally. Such books may or may not be homœopathic. The reviewer will be selected because of his association with, and knowledge of, the subjects comprised in the volume in question.

Another special feature will be Reports relative to current homœopathic work by our correspondents in the provinces, on the Continent, and in the British possessions abroad.

It gives us great pleasure to state that in the rooms of the Association at 43, Russell Square, a laboratory for Original Research has been established and is now permanently endowed, so that we hope to give reports from time to time of the work carried on there under the auspices of the Association. Such reports will, in the first instance, be published in the pages of the Review.

We would repeat that this Journal will always welcome expressions of opinion from those who may differ from us. Our pages are open to the *bond fide* grumbler, and the critic, friendly or otherwise. Whether the opinions expressed may or may not agree with the opinions of the editors is not of the least consequence ; they will be heartily welcomed all the same. We will grant to all what we claim for ourselves, "a free field and no favour." This Journal is no party organ, but catholic in the truest sense. We may point out that the word "catholic" comes from a Greek adjective which means *diffused throughout the whole, universal*. At a later date the term came to have a technical meaning, and to denote "orthodoxy" as opposed to "heresy." This later meaning we repudiate, and all its works ; it has no place in the policy of the present editors. In that sense it has ever been used in the past, and is being used to-day, to stifle truth, except that limited and one-sided view of it which is more than half a lie—the mere "shibboleth" of a party, the badge of a priestly caste (vol. i., p. 268). Our motto for the future, as in the past, will be *ut veniant omnes*. Criticisms from friend or foe alike will be heartily welcomed. But do not stop at criticisms. Show us, by a practical example, how to do things better ; we will be delighted to afford space for this purpose. In conclusion, the editors wish one and all

A HAPPY NEW YEAR.



## Editorial Notes and News.

DR. JOHN SHAW points out<sup>1</sup> that the judgments of this august body are founded on an *unwritten code of laws*, and are thus exposed to the danger of being but the caprice of the majority, or the prejudice of some unusually strong individual member. "There is no new thing under the sun"; whatever else has improved, human nature is still the same, unaltered and unalterable, notwithstanding our boasted civilisation. From the decisions of this Council there is no appeal; they practically defy the highest legal tribunal in our land. That such a condition of things should exist is indeed "a national peril," a menace to the integrity of the State. Further, it is *contra bonos mores*, for no man, or body of men, can be safely entrusted with such powers. If we are to trust the record of history there can be but one result, viz., abuse of powers, injustice and fraud by the privileged oligarchy against the weak and defenceless.

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WE repeat, "There is no new thing under the sun." Some 2,500 years ago, in the early days of the Roman Republic, we find a somewhat similar state of affairs—before the days of the "XII. Tables." The days of heroic kingship had given place to those of the aristocratic oligarchies as depositaries and administrators of law. The privileged order had a monopoly of legal knowledge. But the inevitable took place; then, as now, they abused their monopoly, and hence came the era of the "XII. Tables," which were public and open to every citizen to read. This put a check upon the consular imperium and patrician caprice, and protected against frauds of the privileged oligarchies. Before this date there was no body of laws to which the *plebs* could appeal in case they were wronged. The whole administration of the laws was in the hands of the patricians, and there was no appeal from the decision *except in cases where life was at stake*, or unless the injury, inflicted by wilful perversion of

<sup>1</sup> "Medical Priestcraft, a National Peril."

the law, was great enough, as in the memorable instance of Virginia, to rouse the wronged to the redress of physical force. The General Medical Council goes one better : *there is no appeal even when life (professional) is at stake.*

\* \* \* \*

**"Atoxyl."**

IN our issue of April, 1907, p. 190, we stated that this substance was regarded by the makers as the anilide of *meta-arsenic acid*, i.e., the arsenic acid radical was supposed to be attached to the amido-group, in a manner similar to the acetic acid radical present in *acetanilide* (antifebrin). From investigations carried out at the Liverpool School of Tropical Medicine doubt has been thrown on this view as to its constitution. Further, Ehrlich and Berthelm regard it as the sodium salt of *para-amido-phenyl arsenic acid*, where the amido-group is quite free, and the arsenic acid radical is attached to the benzene ring in the *para* position. In trypanosomiasis better results are obtained when treatment by "atoxyl" is followed up by the administration of mercuric chloride, or Donovan's solution. Other substances useful in combating trypanosome infections are *basic triphenyl-methane dyes* and the group of the *benzidine dyes*, whose mother-substance is *di-phenyl*. It is curious that all the substances thus used to combat "sleeping sickness" contain, in common, one or more benzene rings.

\* \* \* \*

**Urotropine and Fehling's Test.**

DR. ABT, at the Eighteenth Annual Meeting of the American Pediatric Society, reported a case of pyelitis, in which *urotropine* was administered in increasing doses. The child did well, but after a time appeared to develop a severe glycosuria, the statement being that there was 2 per cent. of sugar. There was a very definite reduction of the copper solution. The polariscope showed no rotation to light. The conclusion finally arrived at was, the reducing power of the urine was due to the *urotropine*. A number of children in hospital were then tested with *urotropine*, and similar results obtained. The following general conclusions were reached. The reduction to the bismuth test is not ordinarily caused, and no action is produced upon polarised light. In using

Fehling's test, therefore, this additional source of error must be kept in mind. Other better-known sources of error are, uric acid in excess, creatinine and other extractives, especially if the urine is concentrated, glycuronic acid, met with in the urine after the use of certain drugs, such as *chloral*, *phenacetin*, *morphia*, *chloroform*, &c., and the rare condition known as alcaptonuria.

\* \* \* \*

**Lenhartz  
Treatment of  
Gastric Ulcer.**

THE older plan of feeding in gastric ulcer was to give nothing, or next to nothing, by the mouth, but to trust to nutrient enemata—a form of slow starvation. Starvation evidently would fail to benefit the concomitant anæmia, and even if we give no food by the mouth we cannot be sure that no gastric juice will be secreted by the stomach. Indeed, the evidence is the other way. In the Lenhartz treatment the patients begin with *sipping* milk and beaten raw eggs,  $3\frac{1}{2}$  oz. of milk and one egg the first day, and the quantity increased by the same amount each day until six eggs and  $1\frac{1}{4}$  pints of milk are being taken. In a few days raw mince is added and then boiled rice, pounded fish, bread and butter and other foods. The bowels may be opened every fourth day by an enema. A large proportion of cases do well on this diet.

\* \* \* \*

THE historic Malvern Springs rise in the “**Alpha Brand**” Malvern Hills, some 700 feet above sea level, **Malvern Water.** and flow direct out of the granite rocks.

No purer natural water exists, and the total solids are less than 4 grains per imperial gallon. One remarkable feature is that it contains traces of iodine, according to the analysts, probably combined with potassium. We would draw the attention of our colleagues to this valuable water, and the advantages of its use in places where the ordinary water supply is bad, or of doubtful quality, or *unduly hard*. As a drinking water, for constant use, it should be specially valuable in cases of rheumatism, gout and arterio-sclerosis, and other allied conditions; for this purpose it may be used either in its “natural” or “aerated” forms. It is quite true we can distil ordinary hard or impure water and aerate that; but such cannot be expected to have the “life,” freshness, and

pleasant taste of natural spring water, such as that of the Malvern Springs. Malvern water is practically free from organic matter, and as there are no dwellings situated on the hills *above* the source, the spring cannot be contaminated. Further, the composition of the water has not varied for a great many years.

\* \* \* \*

**Communica-  
bility of Sleeping  
Sickness.**

As is well known, the usual mode by which sleeping sickness is conveyed is by the insect *Glossina palpalis*, which transmits the parasite. Professor Koch, however, in his recently-published account of his researches in Uganda, mentions another mode of transmission. In one district he found that fifteen married women suffered from sleeping sickness, although they had not left the district where they resided, and where no specimens of *G. palpalis* could be discovered. There were many cases of sickness amongst the male population, who had contracted it in a part of Uganda where the insect was present in great numbers. The conclusion was unavoidable that the parasite was conveyed to the women by marital cohabitation. It was characteristic that three wives of a man suffering from sleeping sickness had contracted the disease. A parallel circumstance is witnessed in a disease called "dourine," which is a trypanosomiasis of horses, and is conveyed only by copulation.

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**The Might of  
the Infinitesi-  
mally Small.**

THE *Lancet* of November 23 has, under this heading, a leaderette which should stop once for all any further ridicule of homœopaths on account of the small doses used by them. It says: "Little things may serve either to retard or to accelerate highly important processes. . . . A thirtieth part of a grain of aconitine will kill the human organism, one part of an enzyme will transform 100,000 parts of cane sugar into invert sugar, the enzyme of malt will convert a thousand times its weight of starch into sugar, and so forth. Nor is the enormous action of infinitesimally small quantities confined to the organic or organised world. . . . Platinum, for example, in the colloidal state is capable of decomposing



1,000,000 times its weight of hydrogen peroxide into water and oxygen, and then of remaining as strong and as active as ever. Perhaps the most remarkable fact in connection with the extraordinary vitality of colloidal platinum is that its energies are at once paralysed by such ordinary poisons as prussic acid, corrosive sublimate, or sulphuretted hydrogen. The platinum may thus be said to be poisoned, and such a small quantity as one millionth of a grain of prussic acid is sufficient to prevent this great transforming power."

\* \* \* \*

**Saul among the Prophets.** THE *Lancet* proceeds to comment on these facts and to exalt the importance of small things as follows: "Such effects are im-

pressive, and they are calculated to impress us still more when we contemplate the number of processes going on in the human machinery which are dependent upon the action of small things. The great processes of oxidation depend upon small things; the small amount of iron in the hæmoglobin probably controls its great oxygen-carrying property. The minute amount of arsenic and iodine in the thyroid gland probably plays a rôle of great importance; the enzymes are mighty, and the atom also." So also, we may add, is the homœopathic dose.

\* \* \* \*

**The Small and Infrequent Dose.**

A FACT suggestive of the accuracy of observation which has from the commencement led homœopaths to give high dilutions of medicine in infrequent doses is afforded by a recent paper by Rieder, of Munich, quoted by Mr. W. D. Butcher in his address at the inauguration of the Electro-therapeutic Section of the Royal Society of Medicine. Rieder emphasises the importance of exceedingly small doses of Röntgen rays. He says that, for instance, in leukæmia intense and prolonged irradiations may have a deleterious effect, even though a cure results from the hæmatological point of view. He obtains the best results from single irradiations of five minutes' duration at intervals of one or even several weeks, and the same observation applies to the treatment of struma, Basedow's disease, and the various skin diseases. Mr. Butcher

says that he has himself insisted again and again on the efficacy of small doses. This is quite in line with Professor Wright's small and infrequent injections of vaccines. The ground is fast being cut away from under the feet of those who have made the small doses of homœopathy a subject of ridicule, but it has taken a hundred years for the orthodox members of the profession to arrive at the point of admitting the value of imponderables in therapeutics, though they could have done so at any time by simply putting Hahnemann's directions to an honest test.

\* \* \* \*

**Fluoroform in Whooping-cough.**

AT the Therapeutical Society of Paris on October 22, M. Eissier recommended the employment of a saturated solution of fluoroform in water for the treatment of whooping-cough. For infants he recommends the dose of one drop after each paroxysm, increased to two or three drops as they grow less frequent. For children of from 2 to 4 years of age he gives teaspoonful doses, not allowing the total amount given in one day to exceed 30 grammes. He has treated 117 cases in this way during the last four years, all of which have been cured, and he finds that the number of paroxysms diminishes rapidly, there being rarely more than a dozen a day at the end of the first week. We have no proving of fluoroform, but that of fluoric acid does not give symptoms that would lead us to expect it to be a remedy for whooping-cough, and we do not think its action can be a homœopathic one. Our experience is that whooping-cough cases require as careful individualisation as any other disease, and that when this is done, and the homœopathic remedy given, the cure is as rapid and satisfactory as can be desired.

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**Belladonna in Broncho-pneumonia.**

BRONCHO-PNEUMONIA is a very fatal disease in early life, and treatment generally is unsatisfactory. Dr. J. A. Coutts strongly urges the usefulness of *belladonna*, which probably acts by checking pulmonary and bronchial secretion. He prescribes the extract in quarter-grain doses repeated every three or four hours. This dose should be given whatever the

age of the child. Beyond slight delirium there are no toxic results.—*The Hospital*, December 7.

But why produce "slight delirium"? Why not cut down the dose sufficiently to avoid this unnecessary evil? All the beneficial effects would thus be produced without any toxic result whatever. The slight delirium may not seem much to Dr. Coutts, but it may be very alarming to an anxious mother; and it is absolutely unnecessary. Again, are we to give *bell.* in *every* case and in every stage of broncho-pneumonia? In other words, are we to treat the disease—a method justly condemned by all the leading physicians past and present—instead of the patient? Dr. Coutts does not tell us, and therefore we will tell him the class of case and the conditions under which *bell.* will *always* do good, *but* in doses much smaller than a quarter grain of the extract:—"The child's face is flushed and its eyes shiny and red; the skin is hot—a dry heat that almost burns the hand. The mucous râles are 'large,' the cough is spasmodic and *hoarse*, and the child cries after every coughing spell. There is much *moaning*, moaning at every breath. If the child does fall asleep, there is starting and jumping of the muscles, with much jerking and moaning."

We will give Dr. Coutts another "tip": If the above symptoms, or the greater part of them, are present, never mind what the "disease" is called, or whether situated in the head, chest, or the abdomen of the child, but give *bell.* after the fashion of the homœopath, and the distressing symptoms will vanish like magic, and the child awake *well*. In regard to its *mode* of action, Dr. Coutts will have to guess again.

\* \* \* \*

**Plasmon.** THIS preparation is produced from milk. It is a soluble, unaltered milk albumen (casein), containing the original organic salts. During the many years it has been

before the profession, plasmon has been extensively tested, and has been found to have a very specific nutrient value as a *food* in wasting diseases generally, hypochondriasis, neurasthenia and typhoid fever. It is equally useful both to children and adults. It is valuable in the diarrhoea and vomiting of infants, as it is a very readily absorbable food, whether by stomach or rectum. In chronic osteo-arthritis and rheumatoid conditions,

with wasting, it is most valuable. It is more rapidly and completely absorbed *per rectum* than any other proteid substance. The disorder of assimilation that underlies anæmia seems to be corrected by plasmon, better than by the exhibition of large doses of *iron*. It ought also to be a valuable dietetic agent in the Lenhartz (Dr. Lenhartz, of Hamburg) treatment of gastric ulcer, as well as to add to milk, thus increasing the proteid intake in cases, for example, of pneumonia.

It may be had as an almost tasteless powder, which may be added to various articles of diet. Plasmon biscuits, arrow-root, cocoa and chocolate are also prepared and have a very high nutrient value.

\* \* \* \*

WE had thought that the crude idea of **A New "Cure" "curing" bactericidal disease by saturating for Typhoid.** the body with poisons designed to kill the bacillus (and not the patient) had been quite supplanted by the more rational idea of serum-therapy. The number of patients killed having so greatly exceeded the deaths amongst the microbes in many cases, we had felt relieved that such dangerous practices were almost extinct. Certainly it comes as a shock to see the idea revived by a supposed believer in the principles of homœopathy. The occasion is an article by Dr. ROBERTS, of Massachusetts, on "A New Method of Treatment for Typhoid Fever," in the *New England Medical Gazette* for November. The treatment consists in the internal use of *sulphate of copper* in the 3x trituration every two hours. It is stated that the 2x trituration "might be used for a short time without danger . . . the germicidal effect might be more rapid." It is evidently supposed and intended to kill the typhoid bacillus with safety to the patient by this process.

\* \* \* \*

**Sulphate of Copper in Drinking Water and Typhoid.**

THE attempt to destroy the typhoid bacillus in drinking water by sulphate of copper has excited much interest in the States, where from experiments undertaken it appears that a proportion of one part to 2,000,000 of water completed sterilisation. These experiments, however,



were made with laboratory-reared bacilli, whose vitality is very low. When they were repeated with water infected from active human sources, the greater virulence of the bacilli showed in the fact that sterilisation was not complete until cuprum sulphate one part to 50,000 of water was employed for three hours. In order to saturate the body of a man weighing 10 stone in this proportion (1 to 50,000), a simple calculation will show us that 20 grains (19·9 precisely) of cuprum sulphate must be employed. The dose prescribed by Dr. Roberts in the cases treated by him amounts to about  $\frac{1}{16}$  of a grain per diem. Admitting that were it possible to give safely even 3 or 4 grains per diem, that amount *might* suffice to destroy the bacillus in the alimentary canal and its glands, can anyone contend that  $\frac{1}{16}$  grain would be able to accomplish this? The attempts to treat typhoid by so-called intestinal antiseptics have uniformly failed; many drugs of a safer nature than *copper* having been employed, some with slight benefit. We cannot, therefore, believe that any good effect of Dr. Roberts' treatment can be due to such direct destruction of germs as occurs in the disinfection of water by *copper sulphate*. Five cases of typhoid, four of which gave Widal's test, are recorded in which the treatment appeared to be of benefit. Dr. Roberts lightly brushes aside any theory of homœopathic action in the matter in favour of antiseptics. Nevertheless we believe that should future experience show that there is any real good in the method, homœopathic action, and certainly not antiseptics, will prove to be the cause.

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**Why Antiseptic Treatment fails.** THE advocates of intestinal antiseptics in typhoid may argue that a far smaller quantity of *copper sulphate* than 20 grains is sufficient to destroy the typhoid germ, since the latter is found only in the alimentary canal and its glands; but unless it can be shown that *copper* exerts a selective affinity for this part of the body and avoids other parts, some such quantity must be in the system at one and the same time if the 1 to 50,000 proportion is to be attained in the neighbourhood of the typhoid colonies. Mere intestinal antiseptics cannot cure, being effective only in disinfect-

ing the contents of the canal and leaving the real disease untouched. For the same reason inhalations of antiseptics can never cure phthisis pulmonalis, since the vapours cannot penetrate the disease foci; but could comparatively non-poisonous antiseptics having selective affinities for the diseased parts be discovered, it is possible that cure might result. The nearest approach to this is in the action of *guaiacol* and other resinous derivatives in phthisis. These, being eliminated by the pulmonary mucous membranes, do exercise a selective affinity on the lungs, doing some good, but chiefly in chronic catarrhal conditions. In phthisis, *guaiacol* certainly diminishes the output of tubercle bacilli in the sputum whilst it is being taken. But, though sometimes useful, it does not cure phthisis any more than intestinal antiseptics will cure typhoid. It is only remedies chosen according to the law of similars that exert a truly selective action on the site of a disorder, and that without disturbing or injuring other parts of the organism. When will our "antiseptic" friends discover this? They are already a century late.

\* \* \* \*

**The Oculo-reaction to Tuberculin.**

THE inflammatory reaction of the conjunctiva to a drop of tuberculin solution, discovered and described by Calmette, of the Pasteur Institute at Lille, seems likely to supersede entirely the use of the dangerous reaction produced by *tuberculin*, injected hypodermically for diagnostic purposes. In the *British Medical Journal* for December 7, are two instructive articles on the subject, one by Dr. MacLennan, of Glasgow, and the second by Drs. Webster and Kilpatrick, of Mount Vernon Hospital for Consumption, Hampstead. In the former paper Calmette's dried *tuberculin* dissolved in distilled water, 1 in 100, was employed in thirty-seven cases showing well-marked evidence of tubercle. Of these, twenty-five were known to be tuberculous, and of these twenty-three reacted in about three hours, the inflammation being at its height in ten hours. In twelve suspected cases a negative result obtained in three, viz., pyelitis, synovitis, and a tuberculous hip quiescent for two years. In the second paper 123 cases were tested, all but six being supposed

consumptives, these six being healthy controls. Every case exhibiting bacilli in the sputum reacted. Of those whose disease was apparently quiescent, some reacted and some did not. No conclusion could be drawn between the intensity of the reaction and the diseased condition.

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**The Tuberculin  
and Homœo-  
pathy.**

It is significant how precisely the various tubercle preparations conform to the law of isopathy, and how persistently they refuse to act homœopathically in tuberculous conditions. This is well pointed out in a paper on *Recent Aids in the Diagnosis of Tuberculosis*, by Dr. George F. Laidlaw, in the *Hahnemannian Monthly* of November. We are reminded that following the injection of tuberculin in a tuberculous patient, the well-known inflammatory reaction ensues, resembling, by its intense aggravation of the symptoms, that which follows too large a dose of a homœopathically acting remedy. But that this is not a homœopathic aggravation is shown by the fact that symptoms cannot be so produced by its injection into a healthy person. If this occurred, the remedy would be truly homœopathic and would cure, but being *isopathic* it does not cure. There is an exquisite isopathy existing between the bacilli and their various toxins; thus we find that small doses of tuberculin will protect against large doses, but not against the bacilli. Dead bacilli will protect against dead bacilli, but not against living ones. None of these poisons can produce similar symptoms in healthy persons, hence none of them will cure the disease. But small doses of each of them will protect against larger doses of the same, though *not against one another*. It is now believed that the best protection and cure for tuberculosis is injecting a feeble culture of living bacilli into the patient, but the natural dread of this dangerous proceeding prevents its acceptance. We are, then, at the present time approaching that stage in the discovery of a cure for tuberculosis which in small-pox preceded vaccination, when inoculation with a mild virus of the same disease was used as a protection. So soon as the *similar but not identical disease of cow-pox* was discovered by Jenner, vaccination succeeded, being homœopathic and not isopathic, as was inoculation. If ever a disease *similar* to tuberculosis can be found we may expect success on these lines, by

using a similar poison, but no efforts can succeed which use identical poisons; isopathy affords no law of cure, homœopathy provides one.

\* \* \* \*

**The H.M.C.  
Anæsthetic  
Tablets.**

WE have received a letter from our colleague, Dr. Kaufmann, Editor of the *Chiroprician*, enclosing one from Dr. W. C. Abbott, of the Abbott Manufacturing Company, with regard to these tablets, described in our *Notes* for December and September last year. Our statements there are confirmed by the manufacturer as to their composition and formula, and we are glad to know that any desiring to test them can obtain samples from the London office of the company, 14, Holborn Viaduct. This method of anæsthetising has now been on trial for fifteen months, and we are informed that over two and a half million tablets have been sold. This represents over a million anæsthesias, and so far only one death has been reported under their use, due probably to quite an accidental cause.

\* \* \* \*

**Hall, Pittsburg!** To Pittsburg, whose *genius loci* is Dr. J. H. McClelland—the President of the last International Congress—now belongs the honour of building the finest homœopathic hospital in the world. The general plan is of Dr. McClelland's own devising, and is represented in this country, though on a lower plane, by the new University College Hospital in Gower Street. The Pittsburg building is to be an ornate and imposing structure, costing a million dollars. The site is L-shaped, the long arm being 700 ft. and the short arm 250 ft. deep. The hospital is calculated to house 250 patients, and separate provision is made for private patients, for lower-priced pay patients, and for the usual free service. The wings stretching out from the centre block are, as they should be, entirely devoted to patients' residence; the centre block is the administrative and service section. The foundation stone of the splendid structure was laid on October 12 last, by the Mayor of Pittsburg, Mr. George W. Guthrie, in full panoply of Freemason equipment, supported by over 500 Masons, and a numerous assemblage of spectators. It is no secret that the inception of the idea of this fine building, no less than the

personal work necessary to make it materialise, alike are the product of Dr. McClelland's personality. The Hahnemann Memorial at Washington owes its origin and successful installation also to Dr. McClelland's initiative. Will not our much respected colleague come over and do some similar work for us on this side of the herring-pond ?

\* \* \* \* \*

**Honorary President of the Hahnemannian Institute of Brazil.**

DR. JOHN H. CLARKE has received the intimation that he has been the recipient of a very unusual honour. The Hahnemannian Institute of Brazil has conferred on him the diploma of Honorary President. This distinction has been bestowed only four times in all, and this is the second occasion on which it has been conferred on a foreigner.

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### Original Articles.

#### TREATMENT OF DIPHTHERIA.

By THOMAS SIMPSON, M.D.

IN response to your courteous request that I might prepare a short account of the modes of treatment adopted by the modern school of medicine in cases of diphtheria, I am sending the experience of "forty years' practice."

There is a general agreement as to the stern necessity of hygienic precautions being rigidly observed : the removal of carpets, curtains, blinds, superfluous furniture, &c., from the sick chamber. The temperature should be about 68° F., and thorough ventilation, *without draughts*, should be secured, the air being kept moist by a steam atomiser, or a steam kettle. If possible none but nurse and parent and doctor should be admitted to the chamber. The precaution of wearing a linen overall may be observed by the physician, as well as by nurse and parent. The strictest quarantine should be employed against other members of the household, and vessels containing an odourless germicide should be placed in large flat vessels in the sick room and its approaches. Chlorinated lime, Condy's crimson fluid, and formalin are valuable agents,

and any linen removed from the room must be rinsed out in water containing corrosive sublimate. The attendants should often cleanse the hands and face with Loeffler's solution (in water). Among the local applications to the throat that are generally recommended, we may mention corrosive sublimate 1-1,000 with or without tartaric acid, 5 grammes to the litre. Carbolic acid 3 per cent. in alcoholic solution, 30 per cent. Loeffler's solution, *i.e.*, menthol 10 grammes dissolved in toluol to 36 cc., absolute alcohol 60 cc. and *liq. ferri sesquichlor.* 4 cc.

But the most effectual local application I have found, by experience, to be that recommended by Dr. von Grauvogl, who used absolute alcohol as a spray to the throat in hundreds of Prussian soldiers, with striking and satisfactory results, the exudate disappearing more quickly than under any other agent. Alcohol also possesses the advantage of non-interference with the drug administered internally. Laryngeal complication (always a grave contingency) may be best arrested by a spray of bromine  $\frac{1}{10,000}$ , or by one grain being inserted in a steam kettle, holding one quart, as an inhalation. Hot applications to the neck are very grateful, or light poultices of hot bran may suffice.

*Diet* must be strictly confined to peptonised milk and barley-water. Armour's elixir of peptone I have found invaluable. In desperate cases of prostration a little tokay liqueur is beneficial, as a restorative (according to Sir William Gull).

Tepid sponging of the trunk twice a day under cover of a blanket, to avoid a chill, is comforting to the patient.

*Therapeutic Hints.*—Osler says "medicines given internally are of very little avail in the disease." There is still a widespread belief (in the profession) that forms of mercury (*sic*) "are beneficial." When the pharyngeal membrane is involved deeply, and swallowing is painful, nutrient enemata are needed and should be used. "The tincture of the perchloride of iron is also strongly recommended; we are still, however, without drugs which can directly counteract the tox-albumens of this disease, and we must rely on general measures of feeding and stimulants to support the strength!" It is refreshing to turn aside from this gloomy agnosticism to the resources



which our system offers to every earnest seeker. Often the local affection is not apparently in proportion to the general disease; now the former, now the latter, is much more violent than one would expect, and apparently light cases prove fatal or are succeeded by severe or protracted sequelæ.

When the diphtheritic process reaches the larynx, croupous symptoms supervene; this form is properly designated "laryngitis diphtheritica," and is extremely intractable and grave. We may expect diphtheria to exist (though no exudate is observable) when a patient with an angina complains of profound prostration and sickness. Even in dangerous cases, the fever may be slight, and the odour from the breath is not always offensive.

Our bounden duty as physicians is to analyse strictly the objective symptoms, record the subjective sensations, the genetic differences and complications, and strictly individualise. In confirmation of the importance of adapting the remedial agent to the specific conditions, we were led to prescribe in one epidemic quite a dozen different drugs, which were indicated by distinctly differing manifestations. There is not one single remedy which has been extolled as specific which has not been by others condemned as inert. *Grauvogl* found that no agent so rapidly destroyed the exudate as *alcohol*; and the advantage it possesses of non-interference with the *simillimum* is a valuable point. It may be used with a camel-hair brush, or, better, on a swab of absorbent cotton held in a short forceps. It should be immediately destroyed after use.

*Mercurius cyanatus* in a high potency gave excellent results in 75 per cent. of our cases.

*Arum triphyllum* 3 aroused restorative action in thirteen instances, the peculiar indications, thin ichorous nasal discharge, "indurated submaxillary glands," "great foetor oris," "profound prostration," being manifest.

*Apis mel* is recommended in light cases ushered in with high fever, headache and pain in nape, and even in severe types, with great debility at onset, puffy eyelids, itching eruption, especially when it appears during scarlet fever. Pharyngeal and laryngeal irritation, dysphagia, prostration and depression, appearance of uvula, as if stung, rough voice, intolerance of

touch of clothes to throat. Crawling sensation in arms, lower limbs paralysed, essential as indications in diphtheritis.

*Arsen. alb.* (6) is indicated by the greyish-white exudate, adynamic fever, causing great restlessness and prostration. Alcoholic spray greatly accelerated the cures with this drug.

*Bromium* as an inhalant with steam seemed to arrest the descent into the larynx of the exudate, in threatening cases. In pseudo-membraneous exudates 20 drops of bromine (1) in 1 oz. of glycerine applied to fauces, or a solution of bromine, one part in twelve parts of water, is excellent. Even when the exudate seems to begin in the larynx and travels upwards, bromine helps us. Seldom indicated in gangrenous cases.

*Lachesis* is demanded where its special indications point to its being pathognomonic, and so is *lycopodium*.

*Muriatic* and *nitric acids* are seldom indicated, but the latter cured a severe case (where the ichor from nose and the foetid breath did not yield to arum).

*Phytolacca* is suitable where a foetid emanation from drains seems responsible for the trouble. The tonsils and soft palate are covered with a greenish-coloured false membrane and much swollen, with stiff neck; hands tremble. Pulse 120. Often a fine eruption appears on body. The lower potencies are best, and it is not wise to prescribe it in malignant cases.

*Sulphur* seems to overcome the gravest symptoms when a rapid pulse and flushes of heat exist, with much ulceration and even sloughing of pharynx, and the fact of its being a fungus-destroying agent and a splendid intercurrent remedy we must keep in mind.

But our list would indeed be incomplete if we failed to mention *crotalus hor.*, which has been so exhaustively proved and so eloquently urged by our veteran colleague, Dr. Hayward. We have all admired the zeal and intelligence which could indite the masterly brochure which stands as memorial of his devotion to our system, and the classical analysis and schema contained in "*Materia Medica: Physiological and Applied*," deserves the closest study, and will reward the most patient investigation. His record of clinical effects would encourage us to hope for relief in the most desperate cases where it is indicated.

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## HOW I WAS CONVERTED TO HOMŒOPATHY.

BY DR. KRANZ (WEIMAR.)

It is an event of daily occurrence that patients who are given up by their allopathic physicians as hopeless are cured by a homœopath. Amongst a hundred doctors of the old school, who hear of such wonderful cures, there is scarcely one who is so free from prejudice as to make enquiries in the homœopathic treatment of his patient. In most cases the cure is considered as a lucky hit, or even as a mistake in diagnosis.

Many, who for a long time have struggled against the ideas of homœopathy, had to undergo bad experiences on their own bodies before they were able to break with old principles and begin to understand the doctrines of the new school. This was exactly my case.

Although my father and brother were homœopathic physicians, the influence of university teaching was strong enough to give me an antipathy towards the doctrines of homœopathy. For six years I practised as an allopath, and in many thousand cases I prescribed without hesitation the modern pharmacological poisons in the usual large doses. Several times an observation at the sick bed showed me the injurious effects of such drugs, and even signs of poisoning. But such experiences were not aggravating enough to let me throw overboard my therapeutic system, and to try some homœopathic remedies of which I had heard good accounts.

Four years of my allopathic practice I spent in South Africa. Amongst the few homœopathic practitioners that country possesses, I became acquainted only with the late Dr. van den Fleuvel, of Kimberley. He was not exactly the leading man in Kimberley, but still he had an extraordinarily extensive practice, and one heard of many splendid cures he had performed. He was an interesting man, having been one of Stanley's companions when he traversed the dark continent. I found in van den Fleuvel a reserved and laconic man, who had grown mistrustful by the hatred of his allopathic colleagues. He did not make the least attempt to convert me to homœopathy, and avoided even speaking much about this subject.

So I practised as before, on allopathic lines. In my dispensary I kept always a good stock of all the well-known European drugs and poisons. When, during the Transvaal war, all prices rose to an enormous height, I thought it my duty to obtain these allopathic medicines at nearly unobtainable prices. For *natrum salicylicum*, which cost at home 5s. 6d. per kilogram, they charged at Bloemfontein £6, and we were all only too glad to get it, so invaluable it seemed to us. How much cheaper and more useful it would have been to have obtained some small bottles of *bryonia*, *rhus*, or *sulphur*. But what did I know then of such a treatment?

In November, 1901, I took part in the siege of Dewetsdorp (Orange River Colony) by Christian De Wet, being in charge of a field hospital which, according to a mutual understanding of both parties, was kept open for British and Boer wounded. Here I had to undergo the greatest exertions, as for a long time I was the only surgeon, and had to treat nearly 100 wounded and sick men. Day and night I had to be on my feet until I got assistance. A few days afterwards, I was taken ill with severe rheumatic fever. Full of confidence, I went through the *salicyl* treatment, which so often I had ordered for my patients. But soon I found out that this celebrated remedy was not so innocent as I always had thought. The relief was almost *nil*, and I suffered considerably from the symptoms of poisoning, so that I had to give up the *salicyl*, which left behind a severe gastritis, with deadly nausea and an obstinate deafness. This drug had weakened my whole constitution so much that I nearly succumbed to a bad pericarditis, which made its appearance in the fourth week of the rheumatism. Against a disease like pericarditis the allopathic school has no remedy whatever. I had to be satisfied with palliative and narcotic remedies, which sometimes proved to be more aggravating than calming. I knew quite well that *sulphonal*, *trional*, or *morphia* had brought about in many cases the death of patients. This knowledge made me nervous, and frustrated for many nights the effects of the sleeping draughts. Two friendly allopathic physicians—an English medical officer of the field hospital and a German civil surgeon—who treated me, and to whom I was profoundly indebted for their kindness and great care, were powerless

against the terrible symptoms of suffocation and nervous exhaustion. *Morphia*, *digitalis*, *potassium bromide*, *chloralum hydratum*, and other nerve-killing drugs were tried, but found unsuccessful. How splendidly the small doses of *belladonna*, *apis* or *bryonia* operate in such cases I at that time could not imagine.

The long and the short of it is that the mischief begun by *salicyl* was completed by the other "remedies," and no wonder that I was bed-ridden fully four months in the midst of the tumult of war. Finally, at the end of April, 1901, I was able to return to Europe, a broken man. Convinced that allopathy was not equal to helping me any more, I was now willing to move in a matter which I had formerly always ridiculed; it was homœopathy. My brother, Dr. Kranz-Busch, at Wiesbaden, who had become a homœopath some years ago, proposed to me a homœopathic treatment, and was lucky enough to restore my health in a relatively short time. *Bryonia*, *cratægus oxyacantha* and *phosphorus* were the principal remedies to which I owe my recovery.

After such good experiences on my own body, I was soon convinced as to which school of medicine I would in future give preference. To study the doctrines of Hahnemann thoroughly, I attended the lectures of the Berlin Homœopathic Polyklinik, which was conducted in a very able and scientific manner by a number of Berlin medical practitioners. The results I observed there were just as encouraging as my own history, and so I made up my mind henceforth to practise as a professed homœopath.

If I ask myself now, after six years of practical observation, whether homœopathy has fulfilled at the sick bed what its doctrines had promised to me in theory, I must confess with full confidence that the teaching of our system has been proved as true and genuine. And if there is anything I regret, it is the fact that I practised for the first six years of my medical career on allopathic lines, before my own sorrows made me a convert to homœopathy.

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DIAGNOSIS IN CASES OF CEREBRAL TUMOUR.<sup>1</sup>

By A. MIDGLEY CASH, M.D.

CASES not infrequently arise in which the diagnosis of a tumour in the brain comes up for consideration. A varying set of symptoms is met with which may or may not denote such a condition. Probably no tumour does exist in the majority of such instances, but the vast importance of a correct diagnosis brings with it a heavy degree of responsibility to the physician.

A fixed severe pain in the head, vertigo, vomiting and loss of sight, with varying intraocular lesions, accompany usually the growth of tumours within the cranial cavity. Others exist at times, but these four are classical symptoms whose combination is of grave import.

However, much caution is necessary. Neurasthenia may simulate the condition closely. A delicate young lady, who many years ago had undergone long-continued mental strain, began to suffer from severe head trouble and vertigo. Persistent sickness and nausea set in, and vomiting ensued if any solid food was attempted.

Then sudden loss of sight occurred. A well-known consultant for the brain and eye examined her, and diagnosed a cerebral growth which must shortly terminate life; but under *silica* in dilutions all the symptoms passed away. The vomiting, vertigo and amblyopia vanished by degrees, and to-day, thirty years after her formidable illness, the lady is living, the mother of a family and in fairly good health.

Again, a cabman, well known to me for many years, a steady man and a Rechabite, became mentally distraught and unlike himself, with a severe, fixed head pain and vomiting. Several doctors saw him, and a tumour of the brain was diagnosed.

Active depleting treatment was had recourse to—*bromides*, *mercury*, and blisters. He became greatly reduced without alleviation of his symptoms. Eventually discarding all treatment, he resigned himself to an invalid life as long as his club money lasted. This having come to an end, he seemed

<sup>1</sup> A paper read before the Western Counties Therapeutic Society at Torquay on October 25.

gradually to pull himself together, and to-day he is driving his cab, his health being apparently as good as it was before his illness.

Recently the following case came under my care :—

C. L., aged 34, a master plumber. Had worked at his trade for years. Usually his health was good. He generally superintends business, but at times mixes up paints himself.

I found the patient in bed and quite unable to talk, and the friends gave me this history.

He had been under the care of eye specialists all last year. He had been practically blind for many years, but the sight grew worse and they considered he had atrophy of the optic nerve. For this he was treated with three drops *liq. arsenicalis* and sixteen drops *liq. strychnina* three times a day. These medicines he had taken steadily for eight months last year, and again, with a short intermission, for five months. He had only desisted from them one month before I saw him, when he had become so ill that his wife insisted he should have no more of them, thinking they were poisoning him, and carried the bottles away. He then became very ill. Increasing anæmia, constipation, severe pain in head, with vomiting, ensued. The sight got worse and he could only grope about with difficulty. Five weeks ago he suddenly lost his sight altogether. One minute he could see gas-lights and the next all was entirely dark to him. (Since this he has again been able to discern a glimmering of light.) The loss of sight was preceded by a sharp pain in his head; then sickness and vomiting came on. Latterly he had taken entirely to bed. His doctors at home considered he had a tumour of the brain. He was treated with *iodides* and *bromides* without effect, and the worst prognosis was given of his state to the family. The sickness increased, and considering the medicines aggravated his condition, his friends decided to try what homœopathy could do for him.

I first saw him on April 30, 1907. A stout, heavy-looking man, lying in bed in a semi-comatose condition. Brain working slowly, and speech slow and hesitating, barely able to understand or reply to a simple question. The head pain appeared to be chiefly in the occiput and upper part of the spine. The vomiting had been severe for two or three days;

then might be better, and then worse again. His face was pale and sallow. Heart-sounds poor. Pulse weak and slow, 50 to 60 in the minute. A fairly equal hand grip; no paralysis, colic or fit. Knee-jerk slightly exaggerated. No blue line on gums which were very spongy. Bowels very sluggish. Blind except for just a perception of light where the window was. Marked nystagmus was present, and he had delusions of being from home, of lying on the floor instead of in bed. He was quiet usually, though at times restless, and tried then to get out of bed. Urine was heavy with lithates, which cleared off on boiling. Specific gravity 1,020; no albumen or sugar.

*Possible Diagnosis.*—(1) Cerebral tumour; (2) anomalous form of lead poisoning; (3) effect of overdosing with arsenic taken medicinally; (4) a combination of the two latter.

His wife and family had quite made up their minds that they must lose him, as local medical opinion had abandoned all hope.

*Treatment.*—He was given *belladonna* 3x. and *nux vom.* 3x alternately every two hours, and ordered to be kept entirely quiet in bed. Milk and soda-water and barley-water to be given in small quantities as the stomach would retain them.

I gave the friends a favourable prognosis provided the presence of a tumour in the brain could be eliminated.

*Course of Case.*—On the next day when I saw him there was well-marked improvement. The sickness had gone, the pain was less acute, he had slept well, and the pulse was stronger, though still slow. He could better express his sensations and was altogether more alive mentally. He complained of some pain in the cervical spine. At my next visit there was little evidence of mental weakness, though his friends told me he had wandered somewhat in the night. His usual temperament returned, and I always hereafter found him cheerful and lively. His pulse came up from 50 odd to over 60 per minute, the tongue cleared and the bowels acted well on using a glycerine suppository. On the fourth day he took a mixed diet without causing sickness, nor was there any further nausea, and his strength rapidly returned. On the tenth day he was able to drive out, and then take walks of quite a good distance into the town, where his appearance



caused some sensation, friends and neighbours having been calling daily at the house up to within a few days before, his death having been daily expected.

The medicines he received were as already stated : *nux* and *belladonna*, which he took steadily for seventeen days. Afterwards they were taken singly as his symptoms required. *Tabacum* 4x. was given for the symptoms for thirteen days. The man was last seen on October 9, when his condition was sound and healthy. Pulse 64 and no complaints. Able to walk and go about freely with a guide, on account of his sight, which remained dim. Naturally he avoided all handling of lead, only doing such business as seeing customers and taking orders.

*Remarks as to Diagnosis.*—What was the nature of this man's illness? Was the diagnosis of cerebral tumour justified? When first seen it seemed possible. He had fixed headaches, vomiting and sickness, also the eye-symptoms—optic atrophy, blindness and nystagmus—were not incompatible, and might be so accounted for.

The contra-indication, however, to this diagnosis was the rapid improvement under adapted treatment and the entire clearing up of all suspicious symptoms, together with restoration to good health.

Abbe and Schley, in the *Medical Annual* for 1901, speak of the uncertainty in diagnosis of cerebral tumour. Knapp found that in one out of every four cases so diagnosed no tumour existed. Bergman found a growth in but one case out of six. Other diseases which may be mistaken for cerebral tumour are :—

- (1) Chlorosis if associated with optic neuritis, severe headache, and possibly hysterical or sensory symptoms.
- (2) Uræmia with headache, optic neuritis, convulsions and coma.
- (3) Chronic lead poisoning.
- (4) Hysteria.
- (5) Reflex epilepsy (?).
- (6) Syphilis of cranial nerves.
- (7) Meningitis or brain abscess.
- (8) Polio-encephalitis. All these but the third could be excluded in the case under consideration.

Then, as to overdosing with *arsenic*, C. L. had taken *arsenic* for thirteen months with but little intermission—a longish time—nine drops a day of Fowler's solution. Did he present a proving of the drug? Anæmia, depression, sickness and debility might all be so caused. These symptoms, if so produced, are not perhaps the most characteristic of chronic arsenical poisoning. Possibly they might be modified by the presence of absorbed lead, which may also have been a contributive cause. Without enough lead having been absorbed to cause paralysis or colic, some amount may have got into his system during the handling of it in the course of his trade. The anæmia, the high degree of constipation, and the eye symptoms might so be produced. Especially is the sudden loss of vision, as noted in this case, characteristic of lead poisoning. It has also been noticed by many observers as occurring in those who work in this metal.<sup>1</sup> Then optic neuritis, followed by atrophy of nerves and blindness, might be accounted for on this supposition. So also can the mental hebetude and lethargy verging on coma in which the patient was when first seen. Also the pale bloated face, sallow and puffy, the heavy slow manner, and the infrequent pulse. How far the headache and tensive pain in the cervical spine might be due to lead is a question. Lead would produce emaciation if left to act alone, but the steady use of *arsenic* meanwhile may have counteracted this effect, and even enabled the patient to put on flesh.

On the whole I am inclined to think that his condition was influenced both by *arsenic* and by lead. A certain effect was produced by both poisons in this man, but so modified and toned down that only a hybrid condition resulted, characteristic completely of neither. Possibly the taking of *arsenic* for some time, during which lead may have also been gradually entering the system, was for him a rather fortunate circumstance; for as *arsenic* is to a certain extent antagonistic to saturnine intoxication, it may have saved him from feeling the full effects of the latter. I venture to make these remarks only as suggestions. They are knotty points which must be left for toxicologists to settle.

<sup>1</sup> Allen's "Encyclopædia of Materia Medica," vol. viii., p. 23 (Plumbum).

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Some years ago I attended a married lady of 53, a clergyman's wife. She had been medically known to me for twenty-five years or more, and I was well acquainted with her history. She had always suffered from attacks of severe hemicrania—not always of the same side. Associated with these was a high degree of constipation. Headache, eye-strain, and vomiting frequently occurred, mostly at the menstrual periods. She was of a neurasthenic type, subject to "nerve storms," such as one gets in a high degree in such a type of constitution. For some years her attacks seemed to leave her and she was better in health. Then came a time of nerve-strain consequent on family anxiety, which to her became of aggravated importance. Then the headaches returned, with vomiting and partial hemiplegia, also hyperæsthesia and numbness.

I had the benefit of Dr. Dyce Brown's experience of her, for he knew her well, and we hoped this was only another exaggerated "nerve-storm." But the headache increased, the vomiting became more and more of the cerebral type; failure of mental power and delusions developed. *Glonoïn*, *gelsem.*, *quin. nitr.*, and *nux*, with many other remedies, were used in the course of her illness, which lasted in an acute stage for about two months. Temporary benefit only was obtained. Free purgation once by *calomel* (2 grains) gave her the greatest relief and brought some partial restoration of brain power. Dr. D. Brown saw her with me towards the close, when the symptoms pointed to a tumour, probably in the occipital region. The pulse fell to 50, coma crept on, and she quietly sank. *Apomorphia* 3 x almost to the end seemed to have a favourable effect on the head pain. The curious thing about her case was that the latter and fatal symptoms seemed just a gradual and advanced condition of what she had had in a minor degree all through her life. This I have often observed in other forms of disease, namely, that what at first and perhaps in early life was only functional and intermittent, becomes in later life serious and structural in its character.

#### DISCUSSION.

The PRESIDENT (Dr. Ord) congratulated Dr. Cash on his successful treatment of these instructive cases. It was to

be regretted that no case of undoubted cerebral tumour cured by homœopathy alone had been instanced; that cases resembling cerebral tumour by the symptoms were so cured the paper they had heard confirmed. He had once treated a coachman who, beginning with symptoms that resembled intermittent bilious vomiting, gradually became worse and worse, until in a few months he developed symptoms of cerebral tumour, including partial loss of sight. No remedy seemed of any use, and at last he lay in a comatose condition for days, evidently dying. There was no specific history obtainable, but as a last resource *iodide of potassium* in 3-grain doses was given. The result was almost immediate improvement, and rapid cure resulted, the man having now been driving a cab, in good health, for some years. Dr. Cash's case of the lead poisoning complicated by prolonged dosage with *arsenic* and *strychnine* was very interesting. It was curious that the symptoms so resembled those of cerebral tumour, as they certainly did. He doubted whether lead poisoning could have produced such a condition without also inducing wrist-drop, or some other paralysis. It was possible, however, that the tonic action of *arsenic* in the nerves prevented this. The paper was just the kind that was most acceptable at these meetings, full of practical points of interest, and he hoped it would lead to—a good discussion.

Dr. NICHOLSON thought that the *liquor strychninae* used with the *arsenic*, and the lead poisoning, might have caused the pain in the head and hebetude in the case referred to. The two drugs probably acted in restraining the poisonous effects of the lead. There was a case of strychnine poisoning recorded in which the patient appeared as if he had been drinking, and in some cases *strychnine* had produced stupor, almost resembling that from cerebral tumours. The gradually progressive nature of the symptoms might also resemble the slow growth of cerebral tumour. But he thought that in a true tumour some localisation was usually possible, when motor or sensory nerves were affected, or, if it were on the cortex, local tenderness could be observed. Cases in which the symptoms alternated or varied were less likely to be cerebral tumour than those which steadily progressed in severity.

Dr. PERKS (a visitor) considered the series of cases a very interesting one. These cerebral tumours were most puzzling to diagnose and deal with. It was interesting to hear the way in which the various symptoms appeared to have been removed, and he congratulated Dr. Cash on the successful results of his methods.

Dr. GILBERT wondered that the *arsenic* had not produced more distinct symptoms of poisoning in Dr. Cash's case. It was interesting that *nux vomica* had acted so well after such a course of *strychnine*, but Hahnemann certainly used it to counteract the effect of other drugs.

Dr. NICHOLSON had observed that *nux* would produce its usual effects even in persons who were already taking *strychnine*. There was a consensus of opinion that *iodide of potassium* was the only drug that sometimes cured cerebral tumours, but in Dr. Cash's cases it had been used before they came under him.

Dr. CASH, in replying, said that the *arsenic* and *plumbum*, he thought, were counteracting each other's effects in his case. He agreed with Dr. Nicholson that *nux* would act even if *strychnine* were being given; they acted, he considered, on entirely different lines.

#### A CASE OF DIARRHŒA TREATED BY VACCINIUM MYRTILLUS.

By ALEX. H. CROUCHER, M.D. & C.M.ED., F.R.C.S.ED.

THE *Vacciniæ* form one of the Sub-Orders of the *Ericaceæ*, or Heath Order.

There are *Vaccinium myrtillus* (the bilberry), *V. vitis-idaea* (the red whortleberry), *V. uliginosum* (the black whortleberry). For a description of the characteristics and medical properties of *V. myrtillus* I cannot do better than to quote from Dr. Fernie's Book, "Herbal Simples."

He says: "This fruit, which belongs to the cranberry order of plants, grows abundantly throughout England in heathy and mountainous districts. The small branched shrub

bears globular, wax-like flowers and black berries, which are covered, when quite fresh, with a grey bloom. In the West of England they are popularly called 'whorts,' and they ripen about the time of St James's Feast, July 25th. Other names for the fruit are blueberry, bulberry, hurtleberry, and huckleberry. The title whinberry has been acquired from its growing on whins or heaths; and bilberry signifies dark-coloured, whence, likewise, comes black-wort, as distinguished in its aspect from cowberry, or cranberry. By a corruption the original word myrtleberry has suffered change of its initial M into W (whortleberry). In the Middle Ages the myrtleberry was used in medicine and cookery, to which berry the whortleberry bears a strong resemblance. It is agreeable to the taste and may be made into tarts, but proves mawkish unless mixed with some more acid fruit.

"The bilberry (*V. myrtillus*) is an admirable astringent, and should be included as such among the domestic medicines of the housewife. If some good brandy be poured over two handfuls of the fruit in a bottle, this will make an extract which continually improves by being kept.

"Obstinate diarrhœa may be cured by giving doses of a tablespoonful of this extract taken with a wineglassful of warm water, and repeated at intervals of two hours whilst needed, even for the more severe cases of dysenteric diarrhœa. The berries contain chemically much tannin. . . . They are also called in some counties blaeberries, buckleberries, and blackhearts."

Some few years ago I read an article in the *Lancet* on the treatment of diarrhœa by *V. myrtillus*, and at the time procured a liquid extract, but did not make use of it until on this occasion.

The *Medical Annual*, 1893, states that Dr. Winternitz used huckleberries (bilberries) in treating Leucoplakia buccalis and other diseases of the mouth, pharyngeal cavity, and tonsils. He treated cases successfully which had existed for weeks and months under other treatment; he used the berries as a gargle, and prefers a concentrated decoction.

The *Medical Annual*, 1904, mentions that Dr. Bernstein found that the bilberry fruit, in the form of an infusion, extract, syrup, or jam, is an astringent and anti-fermentative.



A decoction of the dried berries, the weight of the liquid being equal to the material employed, killed the *Bacillus typhosus* within twenty-four to forty-eight hours, while the *B. coli communis* succumbed within twenty-four hours. The berries are non-poisonous, have a pleasant, fragrant taste, and can be readily mixed with mineral water, tea, milk, custard, or cream. Their action is not interfered with by the acid stomach or alkaline intestine. In typhoid fever, by preventing fermentation, they will reduce the risks of perforation. He finds the bilberry very useful in chronic dysentery.

Corporal W. P., aged 22, 2nd Royal Sussex Regiment, was admitted into the Leaf Homœopathic Cottage Hospital on August 8, 1907, in a very grave condition, suffering from great pain and dyspnoea. Temperature 102·4° F., pulse 120, respiration 39, intense anæmia, distension of the whole thorax and abdomen, especially the right side. The apex beat of the heart was in the fourth interspace anterior axillary line.

The patient went to Crete three years ago, and was there for one year; he was then in Malta for one and a half years; there he had fever; he came home in January, 1907, and was admitted into the Belfast Hospital for suspected duodenal ulcer. There was no history of dysentery. While in the hospital at Belfast hepatic abscess was later thought to be present, and exploratory punctures were made, with negative results. After being there some weeks he was sent home on furlough.

On the afternoon of the patient's admission I explored the right lobe of the liver with a long needle in the mid-axillary line and found pink pus.

The pus having been located, it was decided to open into the abscess cavity. On the same evening, therefore, at 9 p.m., I resected a portion of the ninth rib in the posterior axillary line, and then again finding pus to be present, by means of a hypodermic needle, I opened the abscess cavity and evacuated about four pints of the usual pink-coloured pus that occurs in a tropical abscess.

The patient's condition before the operation was decidedly bad, and we feared a fatal termination. After the operation, however, he improved greatly and the pain was much relieved.

After many ups and downs the patient got on splendidly

and was discharged to the military authorities in an almost well condition on October 28.

However, I do not intend to dwell on the surgical aspect of the case, as it is to the remedial effects of the *V. myrtillus* in an obstinate diarrhoea that occurred during the course of his convalescence I wish to draw attention.

On August 27 diarrhoea set in and gradually became severe; the stools were of a liquid, pea-soupy character, sometimes blood-stained and slimy, the odour was offensive. The number of stools in each twenty-four hours varied from two to eight. Diet and medicines had no effect.

The medicines given were *china*, *arsen. alb.*, *merc. cor.*, *podophyllum*, &c., the patient also had colonic irrigation of *argyrol*, 1 per cent.

On October 10 liquid extract of *V. myrtillus* was given in 30 drop doses in half a wineglassful of water every four hours. From the commencement of taking this medicine the stools gradually improved, losing their liquid character and becoming formed and natural by October 15, and on October 28 patient was discharged. He has visited the matron of the hospital since his discharge and is doing quite well.

Patient's weight on October 14 was 8 st. 1 lb., and on October 28, 8 st. 8 lb. 15 oz. On November 16 the weight had increased to 9 st. 2½ lb.

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## ON DIAGNOSIS.

By P. JOUSSET, M.D.<sup>1</sup>

*Specially translated for the "Review" by Dr. Galley Blackley.*

A LARGE number of homœopathic medical men are accustomed never to make a diagnosis, but content themselves with making a list of the symptoms experienced by the patient, and, after studying the drugs which correspond to these symptoms, they make, so to speak, a differential diagnosis of these drugs in order to find the one which should be applied to the particular case. This method, besides being unscientific, has great practical inconveniences which we shall

<sup>1</sup> *Revue Homœopathique Française*, T. xix., p. 312.

proceed to point out. We are obliged to add that the homœopaths of whom we have just spoken do but follow the teaching and example of Hahnemann. This defective method of clinical practice proceeds directly from the errors in general pathology found both in the *Organon* and in the preface to the *Chronic Diseases*.

I regret to be obliged, in this article, to criticise severely the errors due to Hahnemann, but hope that these criticisms, which appear to me to be absolutely necessary, will not cause me to be considered an adversary of Hahnemann. I affirm that nobody admires more than I the genius of the man to whom we owe the greatest reform in the history of medicine, of the man who is really the father of modern therapeutics, and who may be fitly called the forerunner of Pasteur.

But if Hahnemann, by one of those marvellous insights which belong only to men of genius, created experimental materia medica, and also introduced the infinitesimal dose into practice, he cannot fairly be expected to have understood the problems of general pathology better than other physicians of his day. If he denied the essentiality and specific nature of acute diseases, and if by an inexplicable contradiction he considered chronic diseases as being the product of three hypothetical miasms, in these two errors he belonged only to his time; and Jean Paul Tessier, writing fifty years ago, said: "The teachings of Hahnemann are contained in two different hemispheres—one, the pathology, answering to his errors, the other the therapeutics, which answer to the truth.

Can one now be astonished that Hahnemann (deprived of the certainty which the great principles of general pathology give to medical teaching), intoxicated by the success which succeeded to long years of persecution, and troubled by the flattery of his pupils, should abandon the sure methods due to experience and allow himself to stray into exaggerations approaching *illuminism*?

In making these criticisms of Hahnemann's errors, I do it in order to assure the success of the cause; I do it without passion, and if I deplore the errors of the Master it is only after giving him full credit for the grand truths by which he has enriched science.

It is necessary to refer to Hahnemann's *nosology* as we find it set forth in his books, and first of all to his definition of *disease*, for him all disease comes from a disturbance of the vital force. "It is the markedly affected vital force alone that produces disease" (*Organon*, Section 12). This same idea we also find expressed in the same terms in Sections 11, 29 and 70.

Then Hahnemann divides diseases into acute and chronic, and *à propos* of acute diseases he teaches that they manifest themselves by symptoms and lesions varying in each particular case; that we need only concern ourselves with this *ensemble* of observable phenomena, that there is no such thing as a morbid species, and that the names imposed by tradition on different "symptomatic" groups ought to be suppressed, because they represent and perpetuate errors as to the nature of diseases.

This opinion of Hahnemann is reproduced over and over again in his books; the following passage, for instance, appears to give his ideas on the subject: "The homœopathic physician who does not share the prejudices of the ordinary school, that is to say, who does not, like it, put a limit to the number of these fevers, beyond which nature may not produce others, who does not put names to them, according to which he must follow such and such a fixed line of treatment, does not recognise the labelling of fevers as gaol fever, bilious fevers, typhus, putrid fevers, nervous fevers or mucous fevers, but treats them each according to their several peculiarities" (Note to Section 73).

Hahnemann divides chronic diseases into three species, each due to a miasm, the syphilitic, the sycotic and the psoric. Of these pretended *miasmatic* diseases only one has any real existence, namely syphilis. As for *sycosis*, it is an entirely artificial class imagined by Hahnemann, including at one and the same time simple warts, hæmorrhoidal and other excrescences, and blenorrhagic vegetations. *Psora*, or itch, is the name given to an absolutely artificial class of diseases also imagined by Hahnemann, and in which he includes leprosy, along with all cutaneous affections; then all chronic diseases which do not belong to the syphilitic or sycotic classes: rickets, hæmorrhages, convulsions, ulcerations,

phlegmasiæ, atrophies, paralyses and alienations of all kinds, "in a word, the thousands of chronic affections to which, pathology assigns different names, are nothing but stray examples of the polymorphous psora" (*Mal. chroniques*, p. 12).

On the following page he completes his idea in these lines :

"All these diseases originate from a single and immense fundamental disease, whose almost innumerable symptoms only form a single whole, and which should be considered and *treated* as members of a single and unique disease."

It would seem at first sight as if Hahnemann, at least for chronic diseases, is a partisan of specificity, since he says that all these affections, so diverse in character, belong to one and the same disease, and require the same treatment, but from these three great species of chronic diseases we except syphilis, which certainly constitutes an essential malady; and psora and sycois are only artificial species.

At Section 82 of the *Organon*, Hahnemann modifies and complicates his theory. After saying that all these *psoric* affections should be treated as members of the same disease, he adds, "Nevertheless, to establish these indications in each psoric malady which he is called upon to treat the homœopathic physician should, none the less, try, as before, to seize the appreciable symptoms and anything special which they possess, for it is no more possible to obtain a veritable cure in these diseases than in others, without individualising each particular case in a rigorous and absolute manner."

To sum up, Hahnemann denies completely the existence of morbid species both for acute and for chronic diseases; for these latter, he says in so many words, the *names* by which they are distinguished traditionally ought not to influence the true physician, who is only concerned with the *ensemble* of the symptoms. "It is clear," he says, "that these useless names of diseases, which are so much abused, ought to have no influence on the plan of treatment adopted by a true physician" (*Organon*, note on p. 70).

Therefore, for chronic as well as for acute diseases, the ensemble of symptoms should be the sole guide of the physician. For chronic diseases, Hahnemann superadds the hypothesis as to miasms being their cause, and as a corollary to this he establishes three classes of drugs, the

*antisyphilitic*, the *antisycotic*, and the *antipsoric*, drugs intended to combat the miasm or cause. Hahnemann thus relapses into the Galenic or etiological therapeutics, since he aims at curing the cause, practising, in fact, allopathy without knowing it.

Hahnemann, in all the theories we have mentioned, shows himself very clearly a spiritualist and vitalist. The various parts of the body, he says, escape the laws of physics and chemistry, and are governed "by one fundamental, ineffable, all-powerful force" (*Organon*, p. 259). Some lines further on he adds that diseases are dynamic and not material ! Let it, however, be added that, with great good sense, he considers, very justly, 'the alterations in the humours and solids as the effects of the disease, as morbid products, in fact (*Organon*, p. 259 to p. 261).

Since Hahnemann does not admit the specificity of disease, and considers each pathological condition as accidental, as being a mere conglomeration of symptoms, he could not have made a diagnosis. Moreover, in the two single clinical observations of his with which I am acquainted, he confines himself to carefully enumerating all the symptoms presented by the patient, then searches in the *Materia Medica* for the drug which corresponds to this ensemble of symptoms. It is therefore not surprising that a large number of Hahnemann's followers should have followed his example, and that to-day even, notwithstanding the progress of general pathology and the almost universal acceptance of essentialist doctrines, they continue to make a *tabula rasa* of diagnosis.

We now proceed to point out the inconveniences attaching to this method ; be it our task to lead the followers of Hahnemann back to truly scientific methods ! Let us reply first of all to an objection which will show to what an extent the error we are now combating has entered into certain minds. "The diagnosis of the morbid species," objected a young physician to me, "has one great inconvenience : it may upset our selection of a drug chosen according to the totality of the symptoms, and incline the physician to prescribe, by preference, a drug recognised as being generally useful in the specific ailment from which the patient is suffering." Who does not recognise here the anathemas of Hahnemann and

his early followers against what he called *curing the name*, and against the *ex usu in morbis*. We will now show the error of this doctrine, which is a logical consequence of Hahnemann's erroneous nosology alluded to above.

Our first argument is drawn from Hahnemann himself. In creating his three classes of chronic diseases and combating them with *antisyphilitic*, *antisycotic* and *antipsoric* remedies, Hahnemann recognises the value of diagnosis in the choice of a drug. But we have seen that he immediately couples with this a corrective, when he teaches that the choice between the numerous antipsorics can only be established after minute examination of the symptoms present and individualisation of the particular case. This rule, so wisely laid down by Hahnemann, has constantly served us in choosing the drug for a particular case, but we do not find diagnosis of the disease an obstacle in our practice; far from being an obstacle, it proves itself rather a help.

Some examples will serve to make our meaning clear. When Hahnemann was consulted by his disciples as to what drugs were indicated in the treatment of *cholera*, he said nothing about the necessity for individualisation, but answered promptly *camphor*, *veratrum*, *arsenicum* and *cuprum*, and homœopathic physicians, in treating this terrible disease, have hardly found it necessary to go beyond the first list as given by Hahnemann. We know how successful they have been! In the application of the above-named drugs, and two or three others, such as *lachesis* and *carbo vegetabilis*, which clinical experience has since added, homœopathic physicians have applied the rules for individualising, and from the *ensemble* of symptoms has resulted the selection of one or other of the drugs which the genius of Hahnemann and clinical experience have shown to be efficacious in the treatment of cholera.

Having answered the one objection, let us see what are the principal inconveniences resulting from the absence of a diagnosis :—

(1) *Absence of Clinical Experience*.—The first inconvenience which we would point out, and we find it considerable, is the impossibility of the physician acquiring clinical experience. If every case of disease which comes under his observation is

reduced to an *ensemble* of symptoms, absolutely accidental, and varying with each individual, how can the physician, from the utility or inutility of the treatment followed in any particular case, formulate any rule which may guide him in his practice? I know that this is precisely what physicians of a certain school profess to avoid. We think we have rectified this error in the preceding paragraph. The physician who makes a diagnosis finds this diagnosis a help in recognising all diseases of the same species which may come under his observation; these allow him to categorise the *ensemble* of drugs which have succeeded or failed; giving, in short, that practical experience which tradition has always considered as highly desirable in the treatment of patients. We have just seen how experience has sanctioned the classical treatment of cholera; if, however, instead of prescribing *veratrum* at the height of a severe cholera attack, he prescribed *tartar emetic*, because the indications for this drug are "abundant evacuations followed by cramps, rigors, prostration, anæmia, an *ensemble* of symptoms, as seen in poisonings, justifying the name of *antimonial cholera*": if, as I say, he prescribed *tartar emetic*, this physician would be guilty of a very grave fault, the reason being that he would substitute an absolutely theoretical therapeusis for treatment whose efficacy has been established by long clinical experience.

The same may be said with regard to pneumonia, pleurisy, typhoid fever, the eruptive fevers, and all the common maladies, for the treatment of which long practice has determined the relative value of drugs. Lest the accusation of *curing the name* should be again brought against us, we endeavour to individualise the drug in each case, only in place of having to pass in review from 200 to 300 drugs, the experience of our predecessors, and our own as well, unite in guiding our choice and limiting it to a certain number of drugs of proved efficacy. When, for instance, a patient presents himself with ulcerative keratitis, and the photophobia is so great as to make one think of chloroform anæsthesia before examining the eye, we say, give the patient *ipêcac.* (1x *trit.*), and before three days are over the photophobia will have disappeared. If we are accused of treating the name, we answer that we individualise as Hahnemann recommended,



and prescribe a drug which produces, in the healthy man, the lesion and symptoms from which the patient is suffering, that the affection in question is very clearly defined, that its symptoms, its characteristic lesion and its course are always identical; that the action of the drug we use is certain, and that when used experimentally it always produces the lesion we are trying to cure. Let us add that an experience of over half a century is our guarantee of the value of the indication.

(2) *The Absence of Diagnosis necessarily Involves the Absence of Prognosis.*—It is self-evident that, next to being cured, the most important question for the patient and his friends is that of prognosis; that is to say, that portion of medical practice which enables us to foresee the issue of a disease. How, if an ephemeral or a synochal fever be not distinguished from a typhoid, can one possibly assign a term or a probable issue to the attack? If a tuberculous meningitis be mistaken for something else, it is easy to promise cure where such is absolutely impossible (this I have witnessed on many occasions). If hysterical fever be not distinguished from a true febrile movement, we become alarmed and communicate our misgiving to those around, although we ought to feel perfectly easy even in the presence of a temperature which may sometimes exceed 44° C. (111° F.). The occurrence of crises, the probable issue and duration of a disease, will remain for you impenetrable mysteries.

(3) *Therapeutic Illusion.*—It is to the absence of a distinction between typhoid fever and other febrile states resembling it that we owe the spurious reputation of *Baptisia*. How often it happens that the absence of a precise diagnosis causes one to wrongly attribute the cure to a certain drug, whilst in reality this happy event results simply from the natural march of the disease, preceded, maybe, by that aggravation of symptoms which the true clinician knows how to recognise and which goes by the name of a crisis. Homœopathic literature teems with records of cases where a physician of the school of Hahnemann, called to a case of pneumonia on the sixth day, when the patient seems at his worst, administers some drug or other, assists at the natural defervescence of the eighth day, and cherishes the illusion that he has jugulated the disease and so saved the patient. It may be that this

species of error does no harm to the patient, but I maintain that it does harm to medicine and causes homœopaths to be regarded as ignorant.

(4) It permits of the invasion of the medical profession by incompetent men (and women). Curers (*guérisseurs*) and *curessees* (*guérisseuses*) constitute a source of weakness to medicine and specially flourish in the homœopathic world, for the reason that our treatment does not usually cause either disturbance or accident, hence all the world thinks it has the right to employ it. We believe that this constitutes a thorn in the side of the profession, and ought to be condemned, outside of cases where the services of a medical man cannot be obtained.

We will terminate this article by a few examples showing the inconvenience attaching to an absence of diagnosis, the first being taken from the practice of Hahnemann himself. Let us remark first of all that Hahnemann always refused absolutely to publish what we should call clinical observations; to be exact, he published two only, and here is the reason that he gives :—

“Each case of disease being individual and special, that which distinguishes it from every other case is equally peculiar to it, and cannot serve as a model for the treatment to be followed in other cases” (*Etude de méd. homœop.*, First Series, p. 594).

The two observations above mentioned follow these lines and contain in a few paragraphs the symptoms presented by each patient at the moment when Hahnemann examined him. This is succeeded by a comparative examination of four or five different drugs, and on this comparison Hahnemann's choice is made; but it is not possible to form an opinion as to the nature of the ailments which he had to treat.

More interesting and, as it appears to us, more demonstrative still of the evils of neglect of diagnosis is the history of the illness of the little daughter of M. Legouvé as narrated by her father (*Soixante ans de souvenirs*, T. iii., pp. 216 and 219) :—

The child in question was aged 4, and on a certain September 1 the condition of the child was so serious that the medical man in attendance, one of the physicians to the

Hôtel-Dieu, declared the child's condition to be absolutely hopeless. At this time the child lay motionless in bed, the face pale and the eyes closed. Hahnemann, on being called in, advised giving the child as much water to drink as she wished for. In the evening he returned and commenced the treatment. The child did not die, but improved until the tenth day, when the danger became again imminent. The pulse was weak and fluttering and the extremities cold. Hahnemann then gave a remedy which revived the circulation. From the eleventh day onwards the improvement became pronounced, and on the eighteenth day the child entered the period of convalescence.

It appears possible to me to reconstitute the diagnosis of this case. A disease which lasts eighteen days, during which there is no mention either of pulmonary symptoms, delirium or convulsions, can only be typhoid fever. In 1835, when these events took place, the disease was still very imperfectly known, and I consider it no disgrace to Hahnemann that he did not know the natural course of the disease. Twenty years later, however, supposing Trousseau to have been called in, he would have said to the parents (as, indeed, I have often heard him say in a similar case)—“The child is *very* ill, but in this disease one may be *very* ill and still recover, especially with children.”

The moral of this history is, that the doctor and the family both had the pleasant illusion of a marvellous therapeutic success, whilst it really was a case of natural cure of a disease which, in the ordinary course of things, terminates towards the end of the third week. Unfortunately, the school which attempts therapeutics without any diagnosis has still very numerous adherents; these have not the same excuse as Hahnemann, for they live in an age when the art of diagnosis has arrived at great perfection, and this absence of diagnosis, whether due to prejudice or ignorance, is certainly very damaging to the esteem in which homœopathic physicians are held.

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## Clinical Cases.

(*Echoes of the Olden Time.*)

By HENRY NOAH MARTIN, M.D.

I WAS called to see a child about 6 months old, August 7, 1867.

*Symptoms.*—Screaming, fever and hot head; all worse at night. Starts in sleep as if frightened. At the time I called in the evening the child was very pale. It had light-coloured and green, slimy discharges from bowels. The light-coloured part appeared to be undigested milk. Discharges more frequent during afternoon and evening.

While talking with the mother, the child being asleep upon her arm, she bent forward to pick something from the floor. The child immediately threw up its hands. Upon questioning her, she said the child appeared to be afraid of falling, and she "didn't see how a child so young should know anything about falling." This led me to inquire whether the child had had a sore mouth. I was informed that about a month previously the mouth had been sore and had been cured, as she supposed.

Here seemed to be but one remedy indicated, although, until the symptom came out, "fear of falling from downward motion," *belladonna* was the remedy; now the whole is changed, and *borax* is the remedy. I gave one dose 1 m Fincke's. The next morning the child was well.

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## "PORRIGO DECALVANS."

By Dr. GEORGE.

(From the *Gazette Hom. de Paris.*)

A boy, aged 9, was, in March, 1848, found to have in the front part of the head a bald spot, size of a silver 25 cent piece, of a glossy smoothness; the hair around appeared as if cut short near the roots; the place was covered with dry, crusty scales.

Purgatives and mercurial ointment were directed; soon after a similar spot appeared on the right side of the head. Another physician was tried; the spots spread little by little

and new ones appeared. Beginning of August *iodide of potash* was given for three weeks. End of August there were four bald spots, differing only in size from a dollar to a quarter.

*Sepia* 30 centesimal, one drop in water ; a small drop every morning was ordered. Eight or ten days after the scales began to be detached, the hair to sprout. Two months later there was a remarkable change. The hair sprouting throughout had attained some length ; much fewer scales. Parents considered him cured, but it soon recurred ; new scales formed on the former places ; a new spot appeared on back of head. *Sepia* 30, three globules in solution, was given in four doses, leaving an interval of two days between each. Three weeks after the hair had grown covering the spots. Discovering a few scales in front of head *sepia* was repeated the same manner as the last. All disappeared, leaving no trace and have not reappeared in two years.

I must, in fairness, add, says Dr. George, that soon after this cure another case of the *same disease* was treated with this same remedy but without the same success. A slight amelioration was not lasting ; even the second and third administrations were without effect, and *sulphur* was afterwards given without any. Perhaps a lower dilution might have been more efficacious.

#### ADDITIONAL REMARKS BY C. HG.<sup>1</sup>

Perhaps a lower, perhaps not. We never gain anything essential by stepping lower and lower. We have a much greater right to say, perhaps a higher ! But it is unsound thinking to suppose that "quantity" could have anything to do where "quality" ought to decide. The fault is in calling such bald spots a "disease," and in supposing that *sepia* was a "specific" for such an abstraction. The two boys were, no doubt, two different beings, with essentially different constitutions, and the first one corresponded to the characteristics of *sepia*, the other did not. There was not even the least attempt made to discover this difference ; no further inquiry was made, because the doctor rested on the name *Porrigo decalvans* (Bateman). He may now be a low dilutionist. Why did he give *sepia* ? He does not tell. It was altogether an accidental cure, but

<sup>1</sup> Constantine Hering

still it is a valuable observation. We never can save ourselves the trouble of examining such patients closely, and often find either *graph.*, *phosphorus*, *hepar*, *natr. mur.*, or *mezereum* indicated. If the symptoms should indicate a medicine, without even a trace of head symptoms, we may give it, and if it cures the person the *porrigo decalvans* will disappear with the rest.

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### A CHARACTERISTIC SYMPTOM OF ASARUM EUROPEUM.

By E. M. HALE, M.D.

(142) *Scanty, yellow mucus stool in one string* (*Materia Medica, Pura* vol. i., p. 173).

A woman, two months after confinement, from which she made a slow recovery, having had profuse and prolonged lochia, followed by tenacious leucorrhœa, applied for a prescription for "dysentery," saying that she had stools of mucus with pains in the belly. She took *mercurius* and *pulsatilla*, each a few days, but without benefit. I now insisted upon a more definite description of the stool, and was shown one of three or four which had occurred that day. It was a *long, yellow, twisted string of inodorous mucus*. Three doses of *asarum* 2d cured the case. She had but three or four such stools after the first dose.

A woman, four months after confinement, complained of pain in the region of the descending colon, with fæcal discharges coated with mucus. *Podophyllum* 2d was given. In three days no fæcal discharges occurred, nothing but *long, yellow, tenacious strings of mucus* (inodorous). Six pellets of *asarum* 3d, after each stool, arrested them in two days.

A second attack occurring in the same lady after a cold, three months after, was cured promptly with *asarum* in the same doses.

These three cases are quite sufficient to establish the reliability of this symptom as a "characteristic" of *asarum*. Was it only a coincidence that they occurred after a severe confinement? or does the intimate relation which *asarum* holds to the generative organs have anything to do with the condition cured? It is notable that the *tenacious yellow leucorrhœa* in Case 1 disappeared with the intestinal blenorrhœa.

It may be well here to compare this symptom of *asarum* with similar ones belonging to other remedies.

*Ammonium muriaticum* has "discharge of glairy, tough mucus with stool" (the peculiar *shape* of the *asarum* stool is wanting).

*Dulcamara*.—"White mucous diarrhœa" (not sufficiently definite to be a good indication).

*Graphites*.—(1) "Knotty stool," the lumps being united by mucus threads; even after the stool is expelled there is yet some mucus about the rectum. (2) Stool of the size of lumbricus. (3) A quantity of white mucus is expelled with stool. (4) Reddish mucus is expelled with stool. (Each of the four symptoms differ from the *asarum* symptom. Did the stool in No. 2 consist of a string of mucus, or was it fæcal matter?)

*Hamamelis*.—"Natural stools covered with mucus."

*Podophyllum*.—(1) Muco-gelatinous stools, preceded by severe griping and nausea. (2) Dark yellow mucus, which smells like carrion. (3) Stools coated with shreds of yellow mucus. (Although having a close similarity there is sufficient difference observable between these and the *asarum* symptom; the mucus stool caused by *asarum* is *inodorous*, that of *podophyllum* nearly always foetid. Symptom (1) has a gelatinous appearance, and (2) is mixed with fæces.)

*Colchicum*.—"Frequent evacuations of *transparent*, jelly-like mucus, relieving the colic." (This resembles the gelatinous mucus of *podophyllum*.)

*Copaiva*.—"White diarrhœic stools in the morning." (I have cured several cases of intestinal catarrh, in which the *white* mucous stools occurred in the morning; the mucus is not in "one string," as in *asarum*, but comes away in larger masses, and is not as tenacious.)

Other remedies might be mentioned, but enough have been cited to illustrate the importance of individualising each case and selecting the medicine, not from a vague pathological indication, but from its peculiar or characteristic symptom, resembling most closely the characteristic symptom of the disease. It matters not whether that symptom be objective or subjective, if the drug-symptom and the disease-symptom correspond we shall have a rapid and brilliant cure.

CHRONIC ULCER OF STUMP CURED AFTER  
FAILURE OF SURGICAL MEASURES.

By STANLEY WILDE, L.R.C.P., L.R.C.S. EDIN.

F. T., aged 28, collier. Patient's troubles began by a large mass of coal falling on his leg, causing a wound, which resulted in an irregular-shaped ulcer, situated over the lower half of the tibia, about the size of the palm of the hand. For this ulcer he first came under my care, and remained for about six months under treatment, during which time the ulcer was reduced to considerably less than half its original size. It then came to a standstill. I could discover no evidence of diseased bone.

For about eighteen months I lost sight of the patient, when, to my astonishment, I met him in the street on crutches minus his leg, which had been amputated above the knee.

I elicited that he had been in hospital, where disease of the bone was diagnosed and amputation declared to be the only remedy. The stump refusing to heal he subsequently underwent a second operation, which failed in its purpose, and this so disheartened him that he left the hospital uncured.

On showing me the stump there was an indolent, superficial, circular ulcer about  $2\frac{1}{4}$  inches in diameter, which caused him much pain at night and on change of weather. The ulcer looked dry and greyish, lacking in vitality, and there was no discharge. It had been in this condition for some months and showed no tendency to heal, notwithstanding treatment. The surgeon who operated had given his opinion that the ulcer could never heal without further surgical help, but this the patient very decidedly refused, and so the surgeon retired in dudgeon.

It was at this stage I again took up the case. He was put on *silica* 6x 4 die, and a stimulating ointment consisting of a drachm of *tinc. benzoin co.* to an ounce of *ung. zinci* was applied to the ulcer. Between each dressing the ulcer was well soaked in a weak solution of Condyl's fluid.

This caused some improvement, the ulcer beginning to discharge and to assume a healthier appearance. But progress was slow, and, after a few weeks I changed the local treatment.



The ulcer was now ordered to be dusted with *ectogan*, over which an ointment of *boric acid* was applied. *Ectogan* is a powder containing 25 to 60 per cent. of *peroxide of zinc*, which, in contact with weak organic acids, liberates oxygen.

This appeared to suit admirably, and the patient was delighted with the improvement which now gradually ensued. The ulcer began to granulate, and in the course of a few months the healing process was complete.

The internal treatment consisted of *silica* in varied dilutions, with occasional intercurrent courses of *lachesis* 6.

On leaving me at the end of his cure the patient expressed his determination to go and exhibit his stump to the surgeon.

### Cases from Hospital Practice.

This section is reserved for reports of interesting cases occurring in Hospital or Dispensary practice, new methods of treatment, and all purely professional matters. These should be carefully, or, if needful, elaborately recorded and described. Each contributor will, if necessary, be allowed two pages of the REVIEW every month for this purpose.

Reports should be sent on as early in the month as possible.

#### HAHNEMANN HOSPITAL, BRISTOL.

##### MELANCHOLIA: RECOVERY UNDER PLUMBUM AND NUX.

*Reported by Dr. J. Hervey Bodman.*

J. W., aged 45, coal-miner, first seen May 17, 1907, at his home. About seven years ago he had been home for a week or two on account of rheumatism, and on going back to the pit was told that they could not take him on again, and this was a great shock to him. It caused a "shuddering, trembling feeling" which "went to the stomach" (epigastric region), and with it a feeling of "darkness and depression" came over him. This trembling and depression increased and persisted, and it seemed to him as though everyone was against him. If he went out of doors he thought everyone was looking at him, and this made him very averse to going out. After a time he got work again, but could not continue at it on account of the extreme restlessness and depression. For

the last four or five years he has done no work. He stays at home and either paces restlessly about or lies huddled upon a couch; he gets very little sleep, and will not go out of doors. Refuses to believe that anything can do him any good. His face wears an expression of abject despair. As regards his physical condition nothing abnormal was noted. Prescribed *plumb. met.* 6, *t.d.*

June 21.—Attended as out-patient. Much better the last week; has been able to rest and to sit down quietly. Has also been able to go out of doors without feeling that everyone was looking at him. Repeat.

July 5.—The improvement in his mental condition is maintained. Tongue flabby and furred. Bowels constipated. *Nux v.* 6, *t.d.*

July 19.—Decidedly better. Repeat.

August 2.—Continues to improve. Sleeps fairly well. Bowels still rather constipated. *Plumb. met.* 6, *t.d.*

August 16.—Still constipated. Otherwise better. *Ac. phos.* 6, *t.d.*

August 30.—Started work in a quarry two days ago. The depression has quite passed away. *Strych. phos.* 3x, *t.d.*

September 13.—Is now doing harder work than ever before.

He has continued in full work ever since, and without any return of depression.

*Remarks.*—The change in this patient from abject misery and uselessness of several years' duration to cheerfulness and full wage-earning capacity was most striking, and he was only just over three months in passing from the one condition to the other. As he was not removed from his home and no change was made in his environment or manner of life, it seems reasonable to attribute the change to the remedies administered. The marked improvement during the first seven weeks, during which time he took nothing but *plumb. met.* 6, seems to indicate that most of the benefit should be attributed to this remedy.

## LEICESTER COTTAGE HOSPITAL.

DURING the month of November two successful abdominal sections were undertaken by Dr. Mason at this Hospital.

In the first case the left ovary and Fallopian tube (the latter being in a condition of hydrosalpinx) were removed on account of intractable dysmenorrhœa. In the second case oöphorectomy was performed in a case of recurrent malignant disease of the breast, in the hope that the progress of the disease might be thereby checked.

Both cases will be further reported as soon as sufficient time has elapsed to judge of the result.

## PHILLIPS MEMORIAL HOSPITAL, BROMLEY.

*Reported by Dr. Wynne Thomas.*

*Case of Renal Calculus.*—The following case presents several points of interest. On October 1 last I visited W. C., aged 50, a builder's foreman, who was suffering from severe pain in the abdomen; he gave the following history :—

Five years ago he was suddenly seized with pains in the abdomen one evening; after two days the pain settled in his right side, and he was laid up for nine weeks; after being poulticed for four weeks he passed blood in the urine, with instant relief; he continued to pass blood for three or four weeks, but never passed a stone or gravel to his knowledge. From that time till the end of August, 1907, he was quite free from pain or hæmaturia; then after a cycle ride of 40 miles (he was accustomed to riding 40 and 50 miles) he noticed blood in the urine, but felt no pain.

Two nights before I saw him he ate heartily of Spanish onions for supper, woke at 2 a.m. with colicky pains in supra-pubic region, and vomited several times during the night and following day. The next night he slept well and returned to work in the morning, but the pain returned and he was obliged to return to bed and send for me. On examination I found a tender spot on palpating the right kidney, which caused pain at once in the right testicle. I mixed him some *coloc. ix* to take every hour, and ordered hot fomentations.

October 2.—Pain was soon relieved, but returned again at 2 a.m. for a short time only. *Lyc.* 3.

October 3.—Was free from pain till 2 p.m., when it returned in the suprapubic region, radiating up to the loin and down to the testicle; this suddenly left him at 8 o'clock and an hour later he passed a rough calculus,  $\frac{3}{8}$  inch in length, and has had no trouble since.

One would like to know if the stone I saw was the one that caused him the trouble five years ago, as he was never conscious of passing one then, although he was told to watch for one, or whether this was of recent development and the original one had been "dispersed" *in situ*, as his medical attendant at that time had told him. Attention has lately been drawn to the fact that not only does the pain of renal colic radiate to the testicle, but also that when pressure is made upon the testicle on the affected side, the pain caused radiates upwards to the kidney, producing, in the region thereof, a sharp pain if the colic is due to a stone in the kidney. When the crisis has passed, no pain is caused by squeezing the testicle. In a woman the same ascending painful radiation is brought about by compression of the ovary. Clinically, the symptom is of great value from a diagnostic point of view, as it serves to distinguish renal colic from hepatic colic or an intestinal affection.

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### Correspondence.

To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

DEAR SIRS,—With reference to an article by Dr. Berridge on a cure by "*comocladia dentata*," which appears in your issue of December, I should like to make a few observations. Firmly believing, as I do, in the principles of homœopathy, it seems to me very important that the utmost care should be taken to avoid the publication of cases which are, to say the least, justly open to unfavourable, if not destructive, criticism at the hands of those who are only too anxious to cast doubt on the principles and to deride the practice of homœopathy.

The case related by Dr. Berridge is intended to illustrate the effect of one dose of a very high dilution of *comocladia*

*dentata*, selected on so-called "Hahnemannian" principles. How does it do this?

A lady, aged 48, "got cold" on December 20. On December 25 Dr. Berridge saw her and found "pneumonic crepitation" at the base of the left lung. We are not told what her temperature, pulse, or respiration were on that day, nor what was the condition of the other lung, or of her heart, but from the expression "pneumonic crepitation" it may be assumed that the patient was suffering from acute croupous pneumonia, the disease being confined to a small area in the left lung, and having begun on December 20. Dr. Berridge prescribed "*comocladia* 10 m. 7c. F.A." one dose, on the faith of a "clinical symptom." Next day, December 26, the patient was better. Again we have no record of the temperature, pulse, or respiration. But surely the progress of the case is, at least, open to the explanation that it had followed a very usual course and terminated by crisis on the seventh day? It seems a matter for regret that such a case should be put forward as a brilliant triumph of "keynote prescribing" and "high dilution" success, since it could only provoke a smile from any opponent of homœopathy, who could recall to mind, as hundreds could, cases of uncomplicated croupous pneumonia which "turned the corner" on the seventh day of the disease and rapidly recovered under the "expectant treatment."

While unwilling to cast doubt on Dr. Berridge's interpretation of this case, I submit that its publication is ill-calculated to further the cause which he has at heart, when the explanation which I have ventured to offer of the recovery of his patient is at least as plausible as his own, so far as can be judged by his account of the case, since he has given us no record of the temperature, pulse, or respiration, usually considered important particulars in the history of cases of lung disease.

Yours faithfully,

G. SCRIVEN.

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## Foreign Reports.

### FRANCE.

*Clinical Cases.* (1) *Ozæna*.—Mrs. de S. came to me with her little girl, aged 18 months, in October, 1898, suffering from *ozæna*. The mother, a very careful and intelligent woman, found that the odour lessened, but did not cease, and asked for a consultation with Dr. Chatellier, a specialist, who declared the infant to be incurable. The parents were in despair, but I told them that the specialist did not know the resources of homœopathy. Under the influence of *pulsatilla* 200 and *aurum* 200 given during the greater part of a year, I have obtained the complete cure of the case. Now, the baby is a pretty young girl of 11, and her mother has not observed the least odour for many years. My old friend, Dr. Viollet, had often related to me the case of an actress suffering from the same infirmity, and whom he had cured with *pulsatilla* 200. This lady was very grateful to him for her cure and had sent him many patients. Dr. Partenay has published a case cured by *lycopodium* 12.

I think that the remedy which occupies the first place in affections of the nasal mucous membrane is *aurum*. A patient of mine, a lady, has used it for thirty years, and though she has never obtained a complete cure, yet she has always found a marked improvement when she has taken *aurum*. It is the only one remedy that had any action on her disease. She has observed that the 30th dilution gave the best results. The lower triturations aggravated, and the 200 dilution was useless. —(Dr. J. P. Tessier, sen.)

(2) *Prolapsus of Rectum*.—Miss Mary D. has suffered a year from a falling of the rectum, and in the last nineteen or twenty days the pain has grown worse, so that she is unable to walk without the mucous rectal membrane coming down, and this obliges her to stop often in order to replace it.

Medicines used. March 19, 1903.—*Nitric acid* 12 and *podoph.* 12; April 28, better, *ignatia* 6 and *podoph.* 6; June 14, better, *collins.* 6, *podoph.* 30, *natrum mur.* 12; October 27, much better, bowel does not come down during defecation, and constipation has lessened. For one month, the patient

has taken no remedy; then she got *collins.* 6, *podoph.* 30, *natrum mur.* 12; February, 1906, cure has been maintained, and the rectum has not come down since.

DR. PAUL TESSIER.

### Therapeutic Digest.

THE VALUE OF MEAT POWDERS.—M. Lassablière made experiments in feeding dogs with meat powders, of which he gave larger doses by weight than they were accustomed to take in health. Not only did the dogs not fatten, they not only became thin and marasmic, but the tables showed that for successive periods of fasting and feeding they emaciated much more quickly during the periods of feeding than during those of simply fasting. He concludes, therefore, that meat powder is not only useless but dangerous.—*Dr. Paul Tessier in L'Art Médical*, August, 1907.

FATAL CASE OF ANGIO-NEUROTIC ŒDEMA.—Dr. Henry Bazett records in the *Lancet* of October 12 a fatal case of angio-neurotic œdema. He was called up early on September 23 to go to a man who was said to have had a tooth out two days before and was choking. When he arrived at the house about ten minutes later the man was dead from suffocation. The eyelids, cheeks, and lips were much swollen, the neck nearly twice its natural size, and the structures round the faucial aperture were felt by the finger to be swollen. At the *post mortem*, forty-two hours later, most of the swelling had subsided, but there was still considerable œdema of the larynx, especially of the aryteno-epiglottidean folds. All the organs were healthy. Urine passed before death contained no albumen. The previous history was as follows: The patient, who was a gardener, dated his illness from an attack of scarlet fever at 6 years of age, since which he had suffered from fortnightly attacks of violent abdominal colic, and often preceding them by a day or two, but sometimes unassociated with them; sudden swellings of various parts of the body, subsiding in twenty-four hours, and usually in the hands, thighs, or scrotum. They were so tense that they "felt as if

the skin must burst." In childhood they had sometimes attacked the face and throat, but not since. They were apparently induced by any slight injury or chill. No medical treatment was of any use. On the evening of September 21 a bicuspid tooth was extracted, leaving a healthy-looking gum. On the morning of the 22nd there was a little external swelling on the cheek of that side, but the patient felt quite well. Later in the day the swelling had extended over the face of that side, including the eyelids. Towards night the neck began to swell, and then the throat. He was not alarmed, as he said "it would go down as it had before." He went to bed and fell asleep, but breathed heavily. About 2 a.m. on the 23rd he suddenly woke choking, sprang out of bed, and called excitedly to his wife to put a spoon, her finger, or something down his throat, then tried to put his own finger down, lay on the bed, and while she rushed for help he passed away.—*Lancet*, October 12, 1907.

THE RECUMBENT POSITION DURING THE STAGE OF RETROGRESSION OF INFANTILE PARALYSIS.—Dr. Adoniran B. Judson recommends that during the whole of the stage of retrogression in infantile paralysis the patient should be kept strictly in the recumbent position. This recommendation is based on the following observations :—

(1) In tubercular joints the tuberculous disease tends to be resolved in the epiphyses of the shoulder, elbow and wrist, which are free, while it more often ends in the destruction of the articular surfaces of the hip, knee and ankle, which bear the weight of the body. It is the acknowledged treatment in these cases to protect the affected joints of the lower extremities by placing the patient in the recumbent position, or by taking off the weight of the body by means of an appropriate apparatus. Arguing from analogy, the same course should be pursued in infantile paralysis.

(2) The infirmities resulting from infantile paralysis are found to be eight times more frequent in the lower extremities than in the upper, though the paralysis attacks all parts of the motor nervous system impartially.

He advises that as soon as the illness is recognised the patient should be kept lying down till there is no possibility



of any further retrogression of the paralysis. This will be for a period extending over several months. Passive movement, resisted exercises, electricity and massage, local application and judicious medical treatment can all be continued, as they are not opposed to the treatment proposed, and their use will render more easy the persistent maintenance of dorsal decubitus, the most important agent of all.—*L'Art Médical*, translation by Dr. PAUL TESSIER.

**TREATMENT OF ACUTE AND CHRONIC SUPPURATIVE OTITIS MEDIA.**—Dr. A. F. Blagdon Richards, of Swansea, contributes a paper to the *Lancet* of November 30, in which he describes what he has found to be a very successful method of treatment for acute and chronic suppurative otitis, so much so that he can say that during the many years he has been in charge of the Ear Department of Swansea General Hospital no cases have yielded more generally gratifying results than those of otorrhœa. The treatment involves no operative interference, is very easy to carry out, and depends on the instillation into the ear of an antiseptic solution. The formula for the solution is: *Boric acid*, 1 drachm; rectified *spirits of wine*, 2 or 3 drachms; and *glycerine* to make up 1 oz. This solution is non-irritant and non-toxic, and can be used for long periods without producing any unpleasant effects. The *boric acid* is in strong solution, owing to its solubility in *glycerine*, which is further increased by the presence of the *spirits of wine*. It flows easily and will readily percolate through even a small perforation. Dr. Richards ascribes its perforating power largely to its high specific gravity, which is as much as 1200, whereas the specific gravity of pus is only 1030. Consequently, when it is introduced into the ear with the patient's head held in a proper position, the drops will gradually find their way into the recesses of the tympanum and antrum, getting to the seat of the disease and displacing the pus, which will float upwards towards the perforation. The treatment should be thoroughly carried out. Patients should first syringe the ear with a warm aqueous solution of *boric acid*, of the strength of 1 drachm to the pint, to wash away any pus from the meatus. The meatus is then emptied by inclining the head to the affected side, and gently dried with

a soft cloth. The head is then held so that the affected ear is uppermost, and the drops, previously warmed, are freely poured in. The head must be kept in this position for at least ten minutes to allow the drops time to penetrate into the tympanum. The treatment must be persevered with as long as there is any trace of discharge and for two or three weeks afterwards, at first two or three times a day and then once a day at night. In the majority of instances decided benefit results, many recovering completely in a short time, although the case may have been of many years' duration. Acute cases, when treated in this way, have never, in Dr. Richards' experience, gone on to a chronic condition. Cases of acute inflammation of the meatus resulting from boils also yield rapidly to this treatment.—*Lancet*, November 30, 1907.

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### Reviews of Books.

*Deutsche homöop. Arzneimittellehre, Bd. II.* (German Homœopathic Materia Medica, Vol. II.)

We have received several specimen fasciculi of this monumental work on "materia medica from the homœopathic standpoint," which is in course of publication in Germany under the able editorship of Dr. F. Gisevius, of Berlin. Dr. Gisevius has been assisted by coadjutors, amongst whom we may mention Drs. Dahlke, of Berlin, and Kröner, of Potsdam, who are responsible for the "comparative part" and the "bibliography" respectively, but by far the greater part of the work evidently rests upon the shoulders of the editor himself, who must be a veritable glutton for work.

The parts we have received comprise *Arsenicum*, *Adonis vernalis*, *Asarum Europæum* and *Spongia fluviatilis*. Of these the one devoted to *Arsenicum* is by far the largest, covering no less than 54 octavo pages and we therefore select it for special notice. It comprises :—

- (1) Chemical Part.
- (2) Symptoms and Clinical Applications.
- (3) Physiological Part (F. Gisevius).
- (4) Comparative Part (Dahlke).
- (5) Bibliography (Kröner).

The symptomatology is arranged in the old-fashioned and highly convenient schema-form, and the various sections are followed by a brief but eminently useful account of the "clinical application" of the drug. As an example of this, we may quote that given after section "18 stool":—

"*Clinical Application.*—Diarrhœas of all kinds afford a fruitful field for the use of *arsenic*. Cause—often cold drinks. Stool usually dark, blackish, greenish, with decomposed blood, watery, slimy, and mostly foul smelling. Often preceded by colic and tenesmus. During and after stool severe burning in rectum and anus. Severe unquenchable thirst (drinks only small quantities at a time; cold drink aggravates). Frequent aggravation in the night and after midnight, as also after eating and cold drinks. Great prostration, nervous prostration, anxiety, &c. All diarrhœas fall within the sphere of *arsenic*, even the infectious forms, cholera infantum, cholera nostras, and cholera Asiatica."

Part III., the physiological section, for which Dr. Gisevius himself is responsible, covers 14 pages and gives a truly admirable account of the physiological effects of *arsenic* as portrayed by various writers since Hahnemann's day, ending with Reynolds' epoch-making "account of the epidemic outbreak of arsenical poisoning occurring in beer-drinkers in the North of England and the Midland counties in 1900."

The comparative part is drawn up by Dr. Dahlke, and in it *Arsenic* is most carefully and minutely compared with—*inter alia*—*Carbo veg.*, *China*, *Ipecac.*, *Phosph.*, *Rhus tox.* and *Veratrum*.

Let us add that whatever exception may be taken to the ultimate size of the work (and it bids fair to be *very large*), paper, print, and arrangement are alike admirable and worthy of the occasion.

We heartily congratulate Dr. Gisevius and his coadjutors on the result of their labours so far, which certainly supplies for Germany and the German-reading element in the profession a much-needed and thoroughly "up-to-date" presentation of the materia medica.

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*Thomas Skinner, M.D. A Biographical Sketch*, by John H. Clarke. London : The Homœopathic Publishing Co., 12, Warwick Lane, E.C.

In this little book, Dr. Clarke has given a very interesting sketch of the life and work of our late colleague, Dr. Skinner. This has been very well done, and in so happy a style that the volume will be read with interest and pleasure by many lay readers to whom the subject of the memoir was unknown personally. But to us it appeals chiefly as an important page in the history of homœopathy ; for, however much some have disagreed with the methods of applying the law of similars adopted and so vigorously defended by the late Dr. Skinner, none can deny the success that followed his efforts, or the wonderful relief given by him to his large circle of patients. To those who looked askance on the peculiar system of potentisation he devised, and the ingenious "fluxion" potentiiser invented for the purpose, the idea of any medicinal virtue remaining in dilutions so prepared seemed highly doubtful. But when news came, as has happened to not a few of us, of cases which refused to yield to ordinary methods being promptly cured by Dr. Skinner, scepticism weakened and curiosity replaced it. Dr. Clarke gives us an admirable account of the origin, progress, and results of the working out of these ideas of potentiising remedies ; how, in fact, they came about, and how it was done. Whether others can hope to attain the undoubted success which attended Dr. Skinner's use of these potencies we may question, not because they do not act, but because few indeed possess the genius in drug selection on which such success depends. It is far easier to follow the path trodden by such giants as Henderson and Hughes than to pick one's way with infinite care and precaution along the track of such other giants as Skinner or Lippe. Each attain success ; whose is the greater ? We cannot say ; each must choose for himself. Dr. Skinner maintained that his method was the only true rendering of the principles laid down in the *Organon*. On the other hand, the dilutions he employed were unknown to the author of that great work. Hahnemann, in fact, employed low dilutions early in his career, and only adopted the thirtieth when well advanced in years. Surely it is not of supreme importance

which period of his practice we prefer to follow, so long as we obtain results in accordance with the law of similars? There is a story told of a case which Hahnemann tried in vain to cure with *rhus* in the 30th and other dilutions, rightly convinced that *rhus* was the remedy; this case was subsequently cured by *rhus*  $\phi$  by one of the master's disciples. In the late Dr. Skinner's experience the opposite frequently occurred, and Dr. Clarke gives us some instructive examples of his methods in the book before us. There is, after all, no mystery in this, nor any contradiction. Some cases are best cured by medium and low dilutions, and some require high ones; a few appear to yield only to the fluxion potencies. Each of us swears by the dilutions he most often employs, a few of us refuse to believe in any others. Herein lay the weakness of Dr. Skinner's position; like many another great man, he believed his potencies the best for general use. In his hands they may have been. But we consider a higher position is taken up by the homœopath who is ready to use any dilution, and who, after selecting the remedy, employs his skill in deciding further what dilution will best effect a cure. We are glad to believe that this more catholic spirit is spreading amongst the younger members of our school to-day, and that the ignorance which scoffs at the infinitesimal in medicine is disappearing before the onward march of science. The true explanation, or at least a theory which explains the action of fluxion potencies and substantiates Dr. Skinner's contentions, is based upon the following beliefs: *firstly*, that after a certain dilution is attained, on further dilution the material particles dissociate into their essential negative ions; *secondly*, that these form an infinitesimal film on the surface of the glass vessel employed, and are not removed by subsequent washings; *thirdly*, that after the final fluxion they slowly disseminate throughout the fluid employed as the final dilution, and so impregnate it with their distinctive medical properties. It may be premature to accept this explanation as proven, but it suffices to give an intellectual basis for our belief in the undoubted action, in some cases, of remedies so attenuated. In spite of the decided attitude on this point adopted by the subject of this sketch, there is much to admire in his life and work. He was generous and fair to those who differed from him. His affection and respect for

his former ideal, Sir James Simpson, continued unabated even after he embraced the system so unfairly ridiculed by the great discoverer of chloroform. His attitude to those who attacked and opposed him never deviated from the courtesy of a greater mind and character. As a sketch of one of the notable figures of British homœopathy during the last century, we cannot put down Dr. Clarke's book without a sense of esteem for its subject and encouragement from the story of his work and life.

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*Practical Observations upon the Chemistry of Food and Dietetics.*

Second Edition. By J. B. S. King, M.D. Boericke and Tafel, Philadelphia.

This is a popular account of the general principles of diet, not too scientific for the lay mind, and just sufficiently so for the senior student. General directions are given as to the most suitable food, or that usually considered so, in various disorders. The book is well written, got up in the well-known style of the publishers, and may safely be recommended as an interesting introduction to the great and important subject of which it treats.

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## Notices, Reports, &c.

### BRITISH HOMŒOPATHIC SOCIETY.

THE third meeting of the Session was held on Thursday, December 5th; the President, Dr. A. SPEIRS ALEXANDER, was in the chair.

Walter Watkins, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A., was elected a member of the Society.

The following specimens were exhibited: A portion of stomach showing a large malignant ulcer, by Drs. Blackley and F. Watkins; lung, liver and spleen infiltrated with acute miliary tuberculosis, by Drs. Byres Moir and F. Watkins; portion of stomach showing almost complete occlusion of the pylorus by a malignant growth, by Drs. Moir and F. Watkins; enlarged prostate with dilated bladder and ureters, and surgical kidneys, by Mr. Knox Shaw and Dr. F. Watkins;

photographs of an advanced case of gouty arthritis, by Dr. F. A. Watkins; a uterine myoma which was impacted in the pelvis, and which had been removed on account of pressure symptoms, by Dr. E. A. Neatby.

Colonel H. E. DEANE, M.D., then read a paper entitled, "Practical Points Connected with Lateral Curvature of the Spine." Colonel Deane pointed out the want of agreement amongst authorities as to the physiological movements of which the spine is capable in regard to lateral flexion and rotation, as to the causes of spinal curvature and the part played by the muscles attached to the spine in producing or alleviating that condition, and as to the methods and results of treatment. On all these points high authorities held diametrically opposite views. Colonel Deane, putting aside the various theories held on the subject, and basing his opinion on the practical work which he had done as Surgeon in Charge of the Physical Exercise Department of the London Homœopathic Hospital, had come to the conclusion that the cause of lateral curvature is the unequal distribution of the body weight, the centre of gravity not falling straight down the spine; whether this is due to habitual faulty position, tilting of the pelvis from a shorter limb, carrying of heavy weights on one arm, or any other cause.

He then described the measures he adopted for the relief and cure of lateral curvature, and gave illustrations of the movements he employed by the aid of two patients now undergoing treatment, whom he exhibited. One set of movements of his own devising were resisted movements of the thighs of the patient lying with the trunk prone on a table and the pelvis overhanging the edge, which exercised a powerful effect in either increasing or straightening out a lumbar lateral curvature, according to whichever leg was having the resisted movements.

A discussion followed this interesting and practical paper, in which the President, and Drs. Wright, Madden, Goldsbrough, Day and Knox-Shaw took part.

Dr. F. A. WATKINS then commenced his paper on "Acidity of the Urine," which was illustrated with lantern slides and chemical apparatus.

The paper was, so far as read, an elaborate account of the

acidity of the urine and the best methods of estimating it. Time was running short, and it became evident that Dr. Watkins' paper could not be finished or discussed in the manner which it deserved. It was accordingly put to the meeting and carried unanimously that Dr. Watkins should be asked to give a short epitome of the portion of his paper already read, and the concluding part at the next meeting of the Society in January, when there would be time for it to be adequately discussed.

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#### ESSAYS ON HOMŒOPATHY.

THE Essay Committee of the British Homœopathic Association has met and made a first selection from the thirteen essays. This has resulted in the selection of seven for reading a second time. The result will be declared next month.

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#### LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, W.C.

CONSIDERABLE progress has been made during the year with the fund which the Committee of this Institution are seeking to raise in order to carry out much-needed extensions to cope with the ever-increasing demands made upon the staff. £30,000 is the sum aimed at, and towards this the Board have so far received, either in actual cash or in conditional promises, £28,000. An urgent appeal is being made for the remaining £2,000, in order to secure the conditionally promised £12,000 if the whole is raised before December 31 next, and that the work may be put in hand as speedily as possible. While the Hospital appeals primarily to the followers of Hahnemann, it ranks as one of the London general hospitals, deserving support of all interested in the treatment of the sick poor, and is recognised for grants by the Central Funds. Some idea of the magnitude of the work may be gathered when we say that last year 1,183 in-patients and 25,626 out-patients received attention, numbers constituting a record in both cases, and emphasising the need for enlarged accommodation.

Mr. Edward A. Attwood, the Secretary, at the Hospital, Great Ormond Street, W.C., will acknowledge any contribution.



## NOTICE TO CORRESPONDENTS.

\*.\* *We cannot undertake to return rejected manuscripts.*

All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. MCLACHLAN, 3, Keble Road, Oxford.

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Communications received from Dr. C. OSMOND BODMAN (Bristol), Dr. SIMPSON (Birkdale), Dr. ABBOTT (Chicago), Dr. KAUFMAN (New York), Dr. SCRIVEN (Dublin), Dr. BLACKLEY (London), Dr. MIDGLEY CASH, (Torquay), Dr. A. H. CROUCHER, Dr. KRANZ (Weimar), Dr. J. HERVEY BODMAN, Dr. CAPPER (Leicester), Dr. WYNNE THOMAS, Dr. L. M. SANYAL (Calcutta).

## BOOKS AND PERIODICALS RECEIVED.

*St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate, No. 1.*

# THE BRITISH HOMOEOPATHIC REVIEW.

FEBRUARY, 1908.

## Editorial Notes and News.

### Additional Contributors for Current Year.

WE are glad to be able to add to our previous list the names of Dr. A. E. Hawkes, Liverpool, Dr. Storar, Ramsgate, and Dr. J. Murray Moore, Leamington Spa. Dr. George Clifton, Leicester, has promised an article also, "either an epitome of cases or an article on Lunacy." We hope that Dr. Clifton will substitute "both" "and" for "either" "or." We hope also that our venerable colleague, Dr. John W. Hayward, Birkenhead, will favour us with an article during the course of the year. He writes us that, having been out of practice so long, he is out of touch with the medical and surgical science of the day. All the same, we will gladly welcome any contribution of his, for however old *he* may be, yet the truths of homœopathy do not grow old—for all truth is immortal—and what was true fifty years ago is just as true to-day, and therein lies one of the great differences between the Old and New Schools.

\* \* \* \*

### Quackery.

"QUACKERY, therefore, as I was taught to understand it, is the conduct of one's profession on commercial lines, not so much for the benefit of the patient as for the profit of the practitioner—a definition which would not necessarily exclude Zebah and Zalmunna from holding the highest office in the school of quackery."<sup>1</sup> The essential point, therefore, is not the possession or non-possession of a regis-

<sup>1</sup> Dr. John Shaw.

trable medical qualification, though this may be the popular definition—a definition carefully fostered by medical priest-craft. But just as the educated villain is the most dangerous villain of all, so the quack with a medical qualification is far more dangerous than your peripatetic dealer in pills and potions who harangues the gaping yokels at country fairs. Quackery is a thing of the *heart*, not a thing of parchments and preserved sheep-skins. The possession of a printed sheep-skin does not make its possessor a true physician, any more than it made the sheep that first wore it one.

\* \* \* \*

**Convulsive  
Neuroses and  
Calcium Salts.**

THESE include tetany, spasm of glottis, laryngismus stridulus, and convulsions. In our August number it was suggested that tetany in particular was probably an intoxication of lime salts from cow's milk. Netter (*Comptes rendus*) has an article on the quieting effects of *chloride of calcium* upon the nervous system, and records a case of tetany in a baby thirteen months old cured by *calcium chloride*, in rather massive doses. Trousseau's symptom (increased contraction after concentric pressure of the arm) was very well marked. The spasms began to lessen at 4 p.m., and recovery was complete by the following day. The good effect of milk diet in tetany is probably due to the *calcium* contents, according to Netter and Loeb. It is the same with the other "convulsive neuroses" named above. It is pointed out, however, that *calcium chloride* has its *drawbacks*, for *if given in excessive doses there is a danger of bringing about an inverse action, as too much calcium in the blood may produce tetany*. It seems, therefore, that *calcium salts* can *cause*, as well as *cure*, tetany. Curious!

\* \* \* \*

**Night Sweats.**

As the result of a series of observations with various drugs, Dr. Hy. Conklin came to the conclusion that *agaricin* is the most effective remedy in the treatment of night sweats of phthisis pulmonalis. It can be given as a pill, dose  $\frac{1}{2}$  to  $\frac{1}{4}$  grain. A dose should be given late in the afternoon, and a second dose four or five hours later. This, we presume,

is the *Agaricus albus*, otherwise known as our *Boletus Laricis* or *Polyporus officinalis*, a fungus growing on the larch tree. It must therefore be distinguished from the *Agaricus muscarius* (*Amanita muscaria*), or fly agaric. In any case, the observation is interesting to us. In Allen's *Encyclopædia* we find: "Awoke at midnight in a profuse perspiration, notwithstanding it was a cold, rainy night. Sweat profusely all night." In Hering's *Guiding Symptoms* we read: "Hectic chills and fever in phthisis, with copious night sweats."

\* \* \* \*

DR. D. M. MACDONALD, Dunkeld, in a recent number of the *Clinical Journal*, **Treatment of Whooping Cough.** reviews this question, and the methods of various authors. Goodhart in the whooping stage uses *belladonna*, with insufflation in the catarrhal stage. Taylor specifies dilute *hydrocyanic acid* and *bromides*. Fothergill recommends *phytolacca* and *drosera*. Starr mentions over twenty remedies, among which are *chloral*, *quinine*, *opium* and *bromides*. Osler advises *quinine*  $\frac{1}{8}$  grain for each month of age, thrice daily. Voelcker relies on *glycerine of carbolic acid*. Henoch's specific is *morphia*. Other methods advised in various quarters are *vaporin* and *terpinol* for inhalation, *chloroform narcosis* for the paroxysm; syringing the ears with *boric acid* solution and subsequent painting with solution of *cocaine*. Dr. Macdonald appears to think that he has brought order out of chaos, but in reality he has only made chaos more chaotic. He rings the changes on (1) *antipyrin* and *chloroform water*; (2) *antipyrin*, *potas. brom.*, and *cinnamon water*; (3) *antipyrin*, *liq. morph. hydroch.*, and *syrup of tolu* (this is his favourite); (4) *liq. morph. hydroch.* and simple syrup. "You pays your money and you takes your choice." We expected better things of Scotland—especially of bonnie Dunkeld.

\* \* \* \*

DR. JOHN ALLAN, in *The Hospital*, draws attention to a fact not generally known, namely, the production of nephritis by the use of certain balsams in the treatment of scabies, e.g., *storax* and *balsam of Peru*. He narrates several cases that were under his own observation. Albumen

**Nephritis caused  
by certain  
Balsams.**

appeared in the urine when the *storax* ointment was used, and disappeared when it was stopped. Care was taken to make sure that it *was* albumen, and not the oleo-resin. Dr. Allan also quotes cases from other sources :—

“In the *British Journal of Dermatology*, 1904, p. 440, there is an abstract of Gassmann’s paper (*Mün. Med. Woch.*, July 26, 1904). A man, aged 26, affected with scabies, had half the body treated with *balsam of Peru vaseline* for two nights. Acute nephritis supervened. Three per cent. of albumen was found, and there were tube casts and blood in the urine. In the *British Journal of Dermatology*, 1906, p. 413, there is an abstract of a paper by Richarty (*Mün. Med. Woch.*, May 8, 1906). This refers to a patient, aged 16, treated for scabies with 10 per cent. *balsam of Peru*. There were three applications. Acute nephritis was produced, and death occurred in fourteen days.”

A “balsam,” it will be remembered, is an oleo-resin, containing benzoic acid or cinnamic acid, or both.

\* \* \* \*

OUR readers will probably remember the **Tetanus Accident of 1902.** chief features of the above mishap, which occurred in Mulkowal, India, on October 30, 1902. The tetanus affected nineteen persons fatally, all inoculated from a certain bottle of anti-plague prophylactic. The Commission appointed by the Indian Government to investigate the affair found that the bottle in question formed one of a batch of five, which had been filled with the contents of one and the same cultivation flask, marked 53N. All five bottles were sent to the Punjab : one to Mulkowal, and the four others to another place in the Province. All were used for inoculation, but only the persons inoculated at Mulkowal suffered. The laboratory culture was evidently not at fault, and the origin of the contamination was limited to the handling of the Mulkowal bottle either at Bombay in the laboratory, or in the Punjab. A period of forty-one days separated the time of opening the bottle at Mulkowal from the date of its preparation in Bombay ; it left Bombay for the Punjab twenty-six days before it was used.

\* \* \* \*

**Was it Con-  
taminated at  
Bombay?**

THE Indian Commission believes so, though the Lister Institute is unable to "fully concur" with the Commission on this point. The *Journal of the Institute of Public Health* says there is no evidence for this suggestion, and we think so too. When a tetanus impurity falls into a bottle full of prophylactic the germs begin to multiply, and in a short time, certainly within three days, a rich and toxic culture develops, and *the fluid acquires a strong disagreeable smell*. The bottle in question was carefully examined both before and after opening by Dr. A. Elliot, and it had no smell of any kind. The tetanus bacillus is anaerobic, and will not grow in the presence of air, *e.g.*, in a half-empty bottle, *unless other aerobic germs are present*. In the present case a culture (poor) and smell developed subsequently to the operations.

\* \* \* \*

**Was it Con-  
taminated at  
Mulkowal?**

THE assistant who opened the bottle said: "The cork was not loose. I remember it was a very tight cork, and the forceps fell out of my hand on the ground. I *swished* the forceps in the lotion (carbolic) and then pulled out the cork with it." There is no evidence to incriminate the syringe or needle. Haffkine's directions in regard to opening the bottles of prophylactic are precise, and were not carried out in the present instance. "The bottle is shaken, the ends of a pair of forceps put into *the flame of a spirit lamp*, the cork and neck of the bottle heated by the flame of a spirit lamp, and the india-rubber stopper then removed by the forceps." In this case no flame was used; the forceps, moist with oil, fell on the ground in an open space common to animals and man, where the inoculations actually occurred, and particles of soil may have adhered to them, which swishing in carbolic solution would not remove. It is, of course, impossible to know the exact details of the native assistant's procedure from first to last in regard to the bottle, and equally impossible, we fear, to fully explain how or when the tetanus germs obtained admission.

\* \* \* \*

**Precocious Children.** DR. LEONARD J. GUTHRIE, in his Fitz-Patrick Lectures, combats the popular idea that precocity in childhood implies early death or premature mental decay. On the

contrary, from a wide review of men celebrated in art, literature, science and philosophy, he has come to the conclusion that all eminent men have been precocious as children, although in some cases their precocity may have been unrecognised, and that though it must be admitted that a certain proportion of precocious children have died young, their precocity was not responsible for their decease.

Dr. Guthrie also disagrees with the common view that precocity is an indication of future insanity. Because all insane geniuses have been precocious is no reason for supposing that all who are precocious are in danger of becoming insane. With regard to length of life, he quotes Jastrow, who averaged the lives of specially precocious great men, as arranged in classes, as follows : (1) Artists and musicians, who attained an average age of 60·1 years ; (2) poets and writers, who averaged 61·1 years ; and (3) scientists and philosophers, who averaged 66·3 years. He also found that the average age at death of "Wunderkinder" was 56·9 years.

\* \* \* \*

**Incontinence of Urine.** DR. CHARLES MACALISTER, in an address on "The Personal Factor in Diet," delivered before the Liverpool Medical Institution, makes an interesting suggestion in reference

to incontinence of urine. He thinks that, in a large number of cases in which this complaint is habitual, the child is backward or imperfectly developed, and an evidence of this imperfect development is found in the fact that a large number are the subjects of polymastia or polythelia (supernumerary nipples). When examining a large number of boys in an industrial school with reference to the question of polythelia, he found that in the dormitory set apart for those boys who suffered habitually from incontinence of urine, no fewer than 15 out of 25, or 70·83 per cent., presented the peculiarity of possessing supernumerary nipples, whereas in the other dormitories the proportion was much less. That the conditions of polymastia and polythelia arise from defective

development is shown by the fact pointed out by Schmidt (in a paper quoted in *Journal of Anatomy and Physiology*, vol. xxxii.), that in the human embryo is a line of elevated epithelium on the sides of the thorax and abdomen, called the milk streak, along which embryonic mammæ are formed. In the further course of development these supernumerary formations disappear, so that when polymastia or polythelia exists the condition must be regarded as an arrest of development in this particular, leaving the individual more like one of the lower animals than a perfectly developed man or woman.

\* \* \* \*

**Nucleo-proteid  
in Urine.**

As pathological chemistry advances, new substances are found in the urine, and these are found to have clinical significance. One of these substances is nucleo-proteid, which when present in excess indicates some irritation of the urinary passages, particularly of the bladder, but it may be of the ureter, pelvis of the kidney, or the urethra. It is likely to be present, therefore, when there are many uric acid or calcium oxalate crystals, as well as in the slighter cases when bacteria are present in the urine, and especially with the *Bacillus coli communis*, a condition which is a frequent cause of bladder irritability and enuresis in children. It is liable to be mistaken for albumen, inasmuch as both nucleo-proteid and albumen are precipitated from the urine as a cloud by acetic acid. This does not clear up on heating, but it is shown not to be albumen by the addition of a drop or two of nitric acid, which at once dissipates it.

\* \* \* \*

**Post-partum  
Hæmorrhage.**

AN interesting discussion has been going on in recent numbers of the *Practitioner* with regard to the cause of hæmorrhage occurring after labour and the best way of treating it when excessive. In the January issue of this year Dr. J. H. E. Brock contributes a paper on the subject, which seems to us well reasoned and much to the point. He first discusses the question as to whether the bleeding from the uterus after delivery is mainly arterial or venous, and concludes that it is venous, and that the bulk of the blood lost



flows from the maternal sinuses through the uterine veins by a backwash from the inferior vena cava. He bases this conclusion on (1) the fact that the blood lost is always of venous character, and does not come in jets but in a steady flow. The only arterial bleeding ever seen is that caused by tears either of the perineum or cervix. (2) That the theory that the hæmorrhage comes from the arteries and is arrested by the pressure of muscular fibres on the arterioles in the muscular wall, is disproved by the fact that often the uterus is flaccid after delivery between its periods of contraction, and yet there is no bleeding, also by the fact that there is often free bleeding from the unimpregnated uterus at the monthly period, and at the same time muscular contractions, which should arrest the bleeding if the arteries are the source of it, and muscular contraction can exercise sufficient pressure on them to stop the flow of blood through them. (3) The absence of valves in the uterine veins favours reflux of blood from them into the maternal sinuses, whereas the tortuosity of the uterine and ovarian arteries, the transverse arrangement of their branches from the parent stem, and the spiral course of the arterioles in the muscular wall of the uterus, are all facts which tend to diminish the pressure of the blood in the arteries and to prevent arterial hæmorrhage.

\* \* \* \*

**The Arrest of  
Uterine  
Hæmorrhage.**

DR. BROCK considers the main factor in the normal arrest of hæmorrhage from the maternal sinuses after the separation of the placenta is to be found in the fact that the mucous membrane in which the sinuses are situated is fixed directly to the muscular coat of the uterus without the intervention of submucous areolar tissue, and that, consequently, the mucous membrane must accurately follow and adapt itself not only to contractions of the muscular layer, but to the alterations in the size of the uterus consequent on the progress of labour and the expulsion of the foetus. As the uterus gets smaller the mucous membrane is thrown into folds which press firmly on one another, and so the bleeding from the maternal sinuses is arrested by direct pressure on the bleeding points. At the same time as the uterus shortens in every diameter with the descent of the foetus, the tortuous

coils of the uterine artery and its branches are pressed more and more closely together, so that the resistance to the flow of blood through them gradually increases till at the close of the second stage the quantity of blood reaching the sinuses becomes reduced to a minimum. The hæmorrhage being venous is the consideration which should be borne in mind for its treatment when it is excessive. The treatment recommended is, therefore, elevation of the pelvis to favour the return of blood to the heart from the vena cava; direct pressure on the vena cava to prevent reflux of blood from it into the sinuses *via* the uterine veins; direct pressure on the bleeding points by means of pressure of the placental site between one hand introduced into the uterus and the other placed externally on the abdominal wall; and stimulating the muscular fibres to contract, and thereby to throw the folds of mucous membrane into closer and firmer apposition.

\* \* \* \*

THE physician's valued friend and ally, **Exit—Uric Acid.** uric acid, has fallen into disfavour. It is **Enter—Purins.** no longer good professional form to tell our patients that their maladies are due to this poison. Hitherto the mention of uric acid has been so satisfactory to patients, and explained so much which otherwise those who wished to thoroughly understand their ailments had been unable to grasp. We can no longer fall back upon the simple explanation of "uric acid," for our ally has become vulgarised, and fallen a prey to the quack and patent medicine vendor. But we cannot do without such aid, and our patients being accustomed to uric acid, they must be supplied with an efficient substitute. This has been provided for us in the significant and obscure term of "purins," which has been gradually coming into prominence during the decadent era of uric acid poisoning. The purins now obtain what we may describe as official sanction in the pages of the *British Medical Journal* in an article by Dr. Chalmers Watson, of Edinburgh, entitled "Has a Purin-free Dietary any Special Therapeutic Value?"<sup>1</sup>

<sup>1</sup> *British Medical Journal*, December 21, 1907.

**The "Purin-free" Diet.**

THIS paper gives us a *résumé* of modern ideas in purins, and the author answers the question of his title practically in the negative. Ten cases of various chronic disorders were treated on a purin-free diet, and ten on an ordinary diet, the result being that the latter did somewhat better than the former. This, however, proves nothing. It is only certain cases which have been carefully selected that are likely to benefit; to many such a diet is harmful. As to the nature of purins, we are told that those of chief clinical importance are uric acid, xanthin, hypoxanthin, adenin, and guanin. With the exception of the last two, these are the same offenders that Haig inveighed against in his celebrated "Uric Acid in the Causation of Disease," whilst the purin-free diet is only Haig's semi-vegetarian diet under a new name. So we have advanced no further in the subject during the fifteen years that have elapsed since Haig's work was published than to change the nomenclature, diet and disease meanwhile remaining unaltered. Truly "a rose by any other name would smell as sweet." Nevertheless, the subject is an important one, and must not be lightly dismissed. Although modern advances in physiological and pathological chemistry have discredited some of Haig's theories, the bulk of the work he did has proved reliable and helpful in practice, and he, in our opinion, deserves credit for laying the foundation on which others are building independently of mere details of nomenclature.

\* \* \* \*

**The Operation for Appendicitis.**

DURING the last few weeks the newspapers have recorded a lamentable number of deaths of distinguished persons after this operation. The question suggests itself whether some of them would not have had a better chance of life had they been left to the physician. That numbers of lives have been saved and are saved by prompt operation we gratefully acknowledge. But this is a very different thing from rushing to the surgeon for every case of inflammatory pain in the ileo-cæcal region. The news, so glibly repeated, that the great surgeon Sir X—— Y—— has completed a series of one hundred operations with only two or three deaths, is responsible for the cheerful way in which patients submit so

readily to this operation. But there are signs that a reaction is setting in, and that the public are becoming alarmed at recent unexpected deaths. As homœopaths we have always believed that the majority of cases of appendicitis can be cured safely and permanently by suitable drugs and nursing, the sphere for operative interference being limited to those cases in which suppuration or gangrene seems imminent, and the more chronic cases in which periodical attacks increase in severity until life is threatened, or permanent invalidism induced. For these the risks of operation ought to be incurred unhesitatingly.

\* \* \* \*

DURING recent years, indeed since the operation for appendicitis came into vogue, **Diagnosis in Appendicitis.** a curious change has come over the nomenclature of abdominal inflammatory conditions. Acute idiopathic peritonitis, or "inflammation of the bowels," usually attributed to cold or wet, is seldom heard of. Gone also are the formerly well-known and important conditions, typhlitis, perityphlitis, pericolitis, &c. What has become of these? Have such inflammations ceased to exist? By no means; this strange circumstance is to be explained by the fact that the surgeons have annexed them all under the comprehensive name of *appendicitis* for operative purposes. Nevertheless each of these conditions occurs as a separate entity, and although the appendix frequently, perhaps usually, participates in the inflammations which affect them, it is not always the prime factor in the conditions, nor is its removal always essential to cure. Inflammations in the right iliac fossa occur under many forms, and most of these are amenable to medical treatment alone, surgical interference being often uncalled for and sometimes fatal. What we need are more accurate methods of diagnosis, by which cases of genuine appendicitis may be distinguished from other inflammations. We have no sympathy with the "let-'em-all-come" type of surgeon, who desires to remove the appendix for every "belly-ache."

\* \* \* \*

**Appendicitis—  
Why a Surgical  
Disease?**

THESE thoughts have been suggested by an article in the *Pacific Coast Journal of Homœopathy* having this title. Quotations are given from recent writers both in America and on the Continent, all of them adverse to the modern surgical idea, and claiming that appendicitis is truly a medical disease, and only occasionally proper for operation. Perhaps the most striking fact we notice is from a report of Dr. Chauvel, who states that in 1902, 668 cases of appendicitis were received into the military hospitals of France, of which 188 were operated upon, with twenty-three deaths, whilst of the 480 not operated upon only three died. Evidently a general reaction is setting in which favours medical treatment, and if our allopathic brethren are learning this truth, where should the homœopath come in? Have we been doing our duty and curing our cases, or have we been shelving it and handing our cases over for operation? Here is a good opportunity for homœopathy to show its power and resources. Can we now bring forward statistics showing the enormously more favourable results obtained by Hahnemann's methods in appendicitis over those achieved by the surgeons? Our opponents are showing us the way according to their lights; who of us will respond to their example? Surely the authorities of the London Homœopathic Hospital could produce statistics that would be of value to homœopathy in this connection.

\* \* \* \*

**Vaccines  
in Gonorrhœal  
Arthritis.**

THE painful persistence of arthritis due to gonorrhœal infection is well known, and although under homœopathic treatment somewhat better results are shown, progress is always slow, and the relapses are frequent. We learn from the *Johns Hopkins Hospital Bulletin*, June-July, quoted in the *British Medical Journal*, January 4, that an attempt has been made by Drs. Cole and Meakins to treat the disease by injections on opsonic principles. Two strains of virus were used to estimate the indices, one from a severe arthritis and the other from a gonorrhœal periostitis. The indices obtained with each were practically identical, although it is admitted that virus from the cases to be treated gives the best results.

Eleven patients, all males, were treated, all typical clinical examples, each giving histories of genital infection. The strength of vaccine used was 600 millions to 1 c.cm. A slight local reaction was noted at the site of injection twelve to twenty-four hours afterwards. As a rule, a sudden ascent of the opsonic index, followed by a gradual descent, was noted. The treatment seemed to be of distinct value in these few cases, several of which had progressed slowly previous to injection improved markedly afterwards. All adjuncts and drugs were omitted, and every care taken to ensure accuracy of observation. The opinion is expressed, in common with that now becoming general in opsonic methods, that the danger of cumulative negative phases from injections has been exaggerated, and that vaccine injections at suitable intervals may be safely employed, without the estimation of indices being resorted to. The undoubted inaccuracies in opsonic technique render this course the more justifiable, and will certainly render such treatment more generally useful in practice. In the cases referred to, doses of 500 to 1,000 millions were given every seven to ten days.

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### Original Articles.

#### MAGNA EST VERITAS ET PRÆVALEBIT: SIMILIA SIMILIBUS CURANTUR.

By DR. EDWARD MAHONY (LIVERPOOL).

ALTHOUGH the Latins could not have had the light that is now to be had as to the final victory of truth over all untruth, enemies and obstacles, when they gave the above motto as to the final victory of truth, they must, however, have had some distinct conviction that somewhere, somehow, by some means, there would be brought about this magnificent triumph. I desire in this paper to bring forward evidence to show that in the therapeutic sphere of knowledge the other motto above mentioned—"Similia similibus curantur—" proves itself equal to a full answer to the above expressed law of healing.

As this paper is to appear in a journal which addresses itself, in the first instance, to members of the medical profession, I shall endeavour to state as briefly as possible, consistently with a clear expression of the point at issue, what Hahnemann taught theoretically and practically of the nature of disease and its treatment; and what, if these instructions were rigidly adhered to and were correct, we might fairly expect to secure in the science and art of healing. To understand Hahnemann and to follow out practically what he taught, three things I believe to be essential. These are:—

- (1) The nature of disease.
- (2) The law of potentisation.
- (3) A practical knowledge of the *Materia Medica Pura*.

As to the first, Hahnemann states (*Organon*, Dudgeon's translation, p. 52, § 9, 10, 11): "In the healthy condition of man the spiritual vital force, the dynamis, that animates the material being, rules with unbounded sway and retains all the parts of the organism in admirable harmonious vital operation, as regards both sensations and functions . . . the material organism . . . performs all the functions of life solely by means of the immaterial being (the vital force) which animates the material organism in health and in disease. When a person falls ill, it is only this spiritual, self-acting (automatic) vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbid agent inimical to life; it is only the vital force, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes which we call disease."

As to the second, the law of potentisation, he states (*Chronic Diseases*, vol. i., 186-7): "The peculiar mode adopted for the preparation of homœopathic remedies enables us to develop the medicinal virtues of a drug into a series of degrees of potency, and by this means to adapt the remedial influence of the drug, with great precision, to the nature of the disease . . . this discovery is due to homœopathy."

As to the third, in the *Organon* (Dudgeon's translation, p. 113, § 106) he says: "The whole pathogenetic effects of the several medicines must be known, that is to say, all the morbid symptoms and alterations in the health, that each of them is

especially capable of developing in the healthy individual must first have been observed as far as possible . . . [p. 122, § 127]. The medicines must be tested on both males and females, in order also to reveal the alterations of the health they produce in the sexual sphere [p. 129, § 144], from such a *materia medica* everything that is conjectural, all that is mere assertion or imaginary, should be strictly excluded; everything should be the pure language of Nature carefully and honestly interrogated." These three points, then, of (1) the nature of disease, (2) the law of potentisation, and (3) the knowledge of a pure *materia medica*, are the three pillars on which firmly rests the whole fabric of the science and art of therapeutics, according to Hahnemann, in order to constitute a true physician, according to the very first paragraph of the *Organon* (Dudgeon's translation, p. 48): "The physician's high and *only* mission is to restore the sick to health—to cure, as it is termed."

Now these three pillars, as I shall call them, are firmly, coherently, and immovably welded together by the great law of similarity, and before going further I desire to express, in the most emphatic way possible, that Hahnemann taught, and I believe proved, that both potentisation and similarity were great laws of Nature, not empirical suggestions or hypotheses, but proved facts, and as certain and reliable in their sphere as any other natural law, whether in natural philosophy, mechanics, chemistry, optics, or any other science whatever.

Let us then consider his definition of disease—it may be expressed yet more briefly in two words, "perverted dynamis." What is this dynamis, this force, in connection with our subject, the immaterial power, or force, which animates our bodies, cognisable only by its effects, commonly called life? Now this simple definition puts so-called pathology, which for the sake of distinction I will call material disease, in its right place as secondary to, or a sequela of disease, *i.e.*, perverted vital force. How simple this is, and how differently the mind of the skilful healer, the thoughtful physician, will work according as he regards *materiality* in disease as the disease itself, its *fons et origo*, or merely as a consequence of perverted vital force.



I will give an illustration from a simple case. Some years ago I was called to an old patient who had an attack of dysenteric diarrhœa ; there was nothing special in his general symptoms, or the pain ; the stools were lumpy, but with one peculiarity, namely, entire absence of odour of any kind. I remarked this to his wife, who at once replied that she had noticed it, and thought it peculiar. Now the late P. P. Wells gives in a small repertory of diarrhœa and dysentery, under "odourless stools," *æthusa*, *asar*, *brom.*, *hyos.*, *paull.*, and *rhus*. If there was one thing more than another which marked the *morale* of my patient it was *restlessness*—of mind and body that is, the one causing the other ; therefore *rhus* was at once decided upon and administered in the 200th potency, with most prompt relief and cure. Another case illustrating the importance of immaterial symptoms in chronic disease is the following :—

A woman in the paulo-post period of life, and whose menses had ceased some months at least—a drinking woman, in poverty, and who had been treated *secundum artem* allopathically, and by what may be called homœo-materiality, that is, homœopathy applied on the material pathological basis. She had bronchitis, cardiac disease, ascites, and œdema of thighs, and I found that since the commencement of menstrual life she had been subject to headaches during the menses, waking with them, accompanied by depression of the spirits and palpitation, and since the cessation of the menses the headaches continued of the same character, and at periods somewhat corresponding to the times when the menses would have occurred. Therefore headaches of a certain character, with certain concomitants, and periodicity—all immaterial symptoms—called for *nat. mur.*, which was given, one dose in the 30th potency, with immediate relief of the material symptoms of ascites, red flushed skin on the abdomen and œdema, as well as relief to the headaches. In about nine days, as matters seemed stationary, a second dose was given, and not long after *lycopod.* as symptoms indicating it appeared. The result was that this broken-down woman before long was out and about in her usual way, and did well for nearly twelve months. Of course the damaged lungs and damaged heart could not be restored, and when

the next bronchitic attack occurred poverty necessitated her removal to the workhouse, and before long she died. The interesting question arises had the apparently trifling symptoms of menstrual headaches in an adolescent at puberty been treated by the *nat. mur.*, which the functional immaterial symptoms called for, would she not have been saved from a course of suffering, which possibly also tended to develop the drinking paroxysms?

I return to the point, that objective phenomena, such as enlargement or misshape of organs or any tissue, in fact, of a material kind, that the physician can detect for himself, however valuable for completing diagnosis of the present condition of the patient, and prognosis as to probable results, are not the disease or the object of treatment. On the other hand, the subjective phenomena, of which the patient alone can inform us, constitute the disease so far as the physician is concerned, for in these will be found the individuality of the patient. In the first volume of the *Chronic Diseases*, pp. 21-22, is given a list of diseases, as expressed in ordinary pathological works, all of which, it is stated (with a few exceptions), originate in the widely ramified psora. Two expressions used will sum these up, namely, "almost all adventitious formations," and "the tedious ailments of both the body and the soul." Then (p. 23), "Psora, which forms the basis of the itch," "this psora is the oldest, most universal and most pernicious chronic miasmatic disease. . . ." It has become the cause of those thousands of incredibly different acute as well as chronic non-venereal diseases, with which the civilised portion of mankind becomes more and more infected upon the whole habitable globe." Then, on pages 33, 34, he gives proofs from allopathic sources of the evil consequences resulting from the suppression of the cutaneous eruption of the itch, including phthisis, carcinoma, swelling of bones, and death. In passing one may ask, could such results be possible were the so-called "itch" caused by the introduction into the skin of a minute insect, called *acarus scabiei*? In the cases gleaned from a variety of sources in the notes following, thirty or more cases will be found to have ended in death, from suppression of a so-called eruption of the "itch." This reminds me of a case in my own practice many years ago of

a young lady, the victim of advanced phthisis, in whom it came to light, after many interviews and conversations with her mother, that when quite a young child she had had an eruption on one foot, which was called the itch, and of course suppressed. Her father had died of phthisis, yet neither of her two sisters nor her mother had any symptoms of this disease. Hahnemann further gives p. 72, and following a long list of symptoms which he says are characteristic of the secondary diseases in which the internal psora generally terminates. These are of both kinds, material and immaterial, but the point is that all are sequelæ of the chronic miasmatic affection.

I come now to the second pillar of the homœopathic edifice: namely, the law of potentisation. As to this the following remarks may be quoted: (*Chronic Diseases*, vol. i., p. 186): "The peculiar mode adopted for the preparation of homœopathic remedies enables us to develop the medicinal virtues of a drug into a series of degrees of potency, and by this means to adapt the remedial influence of the drug with great precision to the nature of the disease." Then (p. 187): "The alteration which is effected in the properties of natural substances, especially medicinal substances, either by triturating or shaking them in conjunction with a non-medicinal powder or liquid is almost marvellous. This discovery is due to homœopathy. Besides this alteration of their medicinal properties the homœopathic mode of preparing medicines produces an alteration in their chemical properties. Whereas in their crude form they are insoluble either in water or alcohol, they become entirely soluble both in water and alcohol by means of this homœopathic transformation. This discovery is invaluable to the healing art."

This instruction, with confirmation of its truth, is repeated with great frequency both in the *Organon*, the remaining volumes of the *Chronic Diseases* (which deal with the antipsorics), and the *Materia Medica Pura*, and makes it very evident that dynamic power, latent in all medicinal substances, but made evident by the processes of trituration or succussion, was regarded by Hahnemann as a part, and a most important part, of the art and science of therapeutics. It is a most necessary part to consider and to reckon upon if homœopathy

is to have fair play in action. Correlatively with this, though I only mention it now in passing, will come the question of the repetition of the immaterial dose of the medicament.

I come now to the third pillar, the *Materia Medica*. The definition above mentioned of a true *Materia Medica*, which, as our author remarks, had never previously existed, evidently follows on the same lines. First, it is to be noted that nothing is to be accepted but facts, and these facts are to be learned from that most sensitive of all barometers or thermometers—the human frame.

It is quite in accord with the above teaching that the moral and mental symptoms should have the first and most prominent place. In the first volume of the *Materia Medica Pura*, the symptoms are given in the following order: vertigo, obnubilation, defects of the mind, defects of the memory, headache, internal, external. Then come the more bodily symptoms connected with the different regions of the body, fifty-seven in number, and in a note he adds: "Those kinds of uneasiness and tremor which are simply bodily, and do not affect the mind, will be generally found recorded among the symptoms of the extremities, and the general affections of the body." The last things mentioned are changes occurring in the feelings, affections of the soul. I infer from these remarks and illustrations that the science of therapeutics deals with and carries off every victory on the ground of immateriality in disease, immateriality in medicinal agents, and that both are proven facts in the *Materia Medica*.

All other modes of treatment, dietetic, mechanical, sanitary regulations, changes of climate, &c., are all *adjuvantia*, but all put together never have and never will *cure* one single *disease* of mind or body. All *adjuvantia* that do not interfere with the action of the law of similars, and do not *suppress* external manifestations of disease, such as eruptions on the skin and mucous membranes, or discharges of all kinds, are admissible, and, in their place, useful and necessary, but will never cure.

What are the results that should be before the mind, and might fairly be looked for, were all treatment of disease consistently carried out on these lines, and in every case? I submit the following as some of the important results:

- (1) Annihilation of disease; (2) improved vitality in the

entire community ; (3) longevity ; (4) euthanasia ; (5) great diminution of suicides ; (6) removal of sterility in either sex, especially, no doubt, in the female.

As to (1) : It is plain that if treatment is always *curative* in action, not merely palliative, and *never suppressive*, the most long-standing and inveterate diseases must, though of course gradually, simply disappear. I recall a case of an elderly gentleman, who after thirty years of material-homœopathic or pathological prescribing for gout, coming under treatment, in which the medicines were selected by keeping Hahnemann's teachings in mind. The paroxysms, instead of about every six weeks, were prolonged shortly to three months, and at the end of two years "gout" was no longer in evidence.

Of course, as Hahnemann points out, there are many cases in which, owing to the "image of the disease" having been suppressed and falsified, the right remedy cannot be found, and the vitality besides may have been so injured that there is not sufficient recuperative power. But this does not alter the greatness of the truth, and must not be allowed to interfere with the diligence of the search to discover what disease (perverted force) was present before suppression or palliation was resorted to. I would here remark on the importance of our not allowing the fascination of the statements issuing from the chemical, physiological, and pathological laboratories of our day. All such statements must necessarily come short of cure, as none of them take into account the entire being, though they may make the strongest assertions, backed up apparently by unmistakable cures—the fact being that, where such cures are genuine, there was some ingredient in the prescription or the article itself, if administered alone, that was homœopathic to that particular case, as Hahnemann points out in the so-called "sweating sickness" of English history that the one medicine which finally proved successful has given abundant proofs of its homœopathicity to that terrible disease.

As to (2) : This goes without saying, as also (3) longevity, (4) euthanasia. This also would be accomplished both in acute and chronic conditions. I recall a case of a woman, a dispensary patient, with scirrhus, I think, of the left breast, in whom, though not able to do more, I succeeded in remov-

ing all pain, administering every medicine on the line of similars, and for the last six weeks of her life there was simply nothing to prescribe for, and she simply sunk at last from weakness—the vitality was gone. I recall another in an old gentleman, aged 79, dying with what might be called bronchitic asthma, and who had been unconscious for many hours. Observing the opium perspiration, snoring respiration and contracted pupils, a dose or two of opium caused a relaxation in one pupil and a modification in the respiration. Other cases might be mentioned. The great point, I believe, to keep before the mind is the difference between vitality and disease. All pains and abnormal sensations arise from disease, and were disease removed, when vitality came to an end, the individual would simply drop—dead.

(5) Great diminution in the number of suicides. How painful is the acknowledged increase of suicides in civilised countries, and how frequent the information that such an one had been suffering from insomnia, or had had the influenza and many drugs !

(6) Sterility. How common in the female sex is it that douches of all kinds are used per vaginam in all varieties of leucorrhœa, and thus sterility is kept up. In the male how horrible are the consequences of suppressed gonorrhœa, causing often life-long suffering, and either sterility or, if potentiality remains, alas for the wife and probably the offspring also !

There remains the other side of the question. If these principles and the practice resulting be true, whatever *contradicts* them must be not only of no use, but of positive harm, proportionately to the force with which such treatment assails the organism. There is no *media via*, and so-called “eclecticism” is probably the most harmful because the most plausible.

If homœopathy contain, as it professes to do, according to its originator in the therapeutic sphere, “the truth, the whole truth, and nothing but the truth,” all that contradicts it must be false both in theory and practice.

Since writing the above, Jousset's paper “On Diagnosis,” translated in the January number of the BRITISH HOMŒOPATHIC REVIEW, has come under my eye. The first thing

that struck me after glancing through it was—If Jousset be correct, *what* has Hahnemann given us? However, he admits an *experimental* materia medica, and that is something, as Jousset himself will admit that experimental is something more than theoretical. To go through the paper in detail would involve a very great deal of time and labour, and it would be, I think, more profitable briefly to refer to Hahnemann's own writings on the different points raised, and then others can judge on which side truth and proved fact lie *versus* assertion on theory founded on no premiss. As to the origin of the doctrine of psora, Hahnemann says (*Chronic Diseases*, vol. i., p. 16): "In case the primitive symptoms, which had been cured once already homœopathically, reappeared in consequence of one of the above-mentioned causes [slight excesses at table, rough weather, &c., previously mentioned], the remedy which had been first employed helped again, though less perfectly, and still less so on being given a third time." Then, p. 17: "What, then, was the reason why the continued homœopathic treatment of the non-venereal chronic diseases should have been so unsuccessful? Why should homœopathy have failed in thousands of cases to cure such chronic ailments thoroughly and for ever?" (p. 18): "In trying to answer this question I was led to the discovery of the nature of chronic diseases. I had been employed day and night to discover the reason why. . . . I tried to obtain a more correct, and, if possible, a completely correct idea of the true nature of those thousands of chronic ailments which remained uncured, in spite of the incontrovertible truth of the homœopathic doctrine, when, behold, the Giver of all good permitted me about that time to solve the sublime problem for the benefit of mankind, after unceasing meditation, indefatigable research, careful observations and the most accurate experiments." Then follows an account of the results of observed phenomena, summed up in these words (p. 19): "The first condition was to discover all the ailments and symptoms inherent in the unknown primitive malady." Where is theory or mere imagination here?

As to the syphilitic and sycotic: on p. 124, in a note, is mentioned a case of syphilis, complicated with sycosis and psora, where he gave (1) remedies against the psoric miasma,

then against the other two, beginning with the one whose symptoms were most prominent at the time. All this is very practical at the bedside or in the consulting room. Hahnemann's teaching gives positive instruction to act upon in treatment, as well as diagnosis and prognosis. As to the objection to names, this is merely because one symptom is laid hold of, *e.g.*, dropsy, and thus the mind of the patient and of the physician is warped, and an entirely wrong impression given, both as to disease, prognosis, and diagnosis, *e.g.*, whether the dropsy is scarlatinal, cardiac, hepatic, &c. A kind of dropsy—a species of fever—such expressions Hahnemann would have, which leave the door open for thorough individualisation. The remarks on Hahnemann's directions for the treatment of cholera I do not understand. That he should have announced four medicines without any intimation of the necessity of individualisation of the patient, and correspondingly the remedy, would entirely contradict, or at least be inconsistent with, the whole tenour of his teaching.

(1) *Absence of Clinical Experience.*—Jousset seems to me to fail in his remarks here to grasp the difference between clinical *experience* and the originality of a great natural law. The latter would enable one to treat a case of disease never seen before, or even which had never existed before, provided one could find symptoms present which were a *simillimum* to a known drug.

In the case Dr. Jousset mentions, in which he says to treat a choleraic attack by tartar emetic would be "a very grave fault," it would, on the contrary, be the right thing to do, because prominent tartar emetic symptoms were more pronounced than those of veratrum. I know a veteran in the Homœopathic School who says that he was first led to investigate homœopathy from noticing the valuable results of tartar emetic in a certain variety of cholera cases.

(2) *Absence of Diagnosis necessarily involves the Absence of Prognosis.*—Here, again, Dr. Jousset puts the matter the wrong way about. The physician who *diagnoses according to Hahnemann* knows that if he can find a *simillimum* to present condition of patient he can promise a cure of that, and can truthfully say that when that is cured further opinion can be given as to full cure, and so his reputation is guarded and



the patient and friends are not unduly alarmed or are fairly warned in time.

(3) *Therapeutic Illusion*.—As to fevers, the indications calling for the different medicines would prove satisfactory whether the kind of fever were typhoid, typhus, or any other, and there would be no need of retrograde movement, following the old school's bad lead of treating one symptom, such as heat, by exhausting cold baths, ice, or similar *adjuvantia*.

(4) *Incompetent Men (and Women)*.—Hahnemann was strongly against this, and even wrote, I believe, against a brochure published by one of his own daughters; but, at any rate, the physician who keeps closest to Hahnemann's teaching will have least annoyance from this source.

In the case mentioned at the end, I decline to accept Dr. Jousset's diagnosis of typhoid. At University College Hospital, London, in my student days, our clinical instructor, the late Sir William Jenner—a recognised authority on continued fevers, especially typhoid, which he had had twice himself and so knew experimentally—always insisted that there must be continued high temperature, and this condition seems the opposite of the little girl Louvé, "motionless in bed, face pale, and eyes closed; on the tenth day the pulse was weak and fluttering, and the extremities cold." If I remember rightly, also, the child had been nearly killed by drugging when Hahnemann was called in.

#### A PROVING OF BARIUM CHLORIDE.

By T. G. STONHAM, M.D.LOND., M.R.C.S.

IN the late summer of 1900 I made a short proving on myself of chloride of barium. I had been away for ten days' holiday, and was in good health, and not overworked. For ten days before, during the proving, and a fortnight afterwards, there was no variation in habits or diet, and nothing occurred to interfere with the even tenour of existence. Three meals were taken daily. Breakfast at 8 a.m., consisting of two slices of toast and butter, and a breakfast-cup full of coffee and milk, half milk. Dinner at 1.30, consisting of meat, vegetables, bread,

and some milk pudding or pastry, with water to drink. Tea at 7 p.m., fish, bread and butter, preserves, cakes, and a tea-cup of weak tea. The food was not weighed, but was practically of the same amount daily. The quantity of fluid taken did not exceed a pint and a half in twenty-four hours. My weight in my clothes at the commencement of the proving was 8 st. 12 lbs.

In making the proving, besides recording general symptoms, especial attention was paid to the blood, the circulation, and the urine. It will be convenient to give them separately. One grain of barium chloride was taken every morning at 7.30 a.m., and every evening at 10 p.m. in 2 oz. of distilled water. These two doses were taken at the same hours for ten successive days, and then stopped.

#### GENERAL SYMPTOMS.

August 28, 1900.—At 10 p.m., took the first dose of barium chloride in 2 oz. of distilled water.

August 29.—11 a.m.: Some tension not amounting to actual pain felt above the eyes on a level with the eye-brows. This passed off after the mid-day meal.

August 30.—4.30 a.m.: Aroused from sleep by severe spasmodic pain in the rectum as from pressure of wind which could not be passed—it lasted on and off for an hour. 7 a.m.: Rose with a certain amount of languor, and a mawkish salt taste in mouth, similar to that of a weak solution of  $\text{BaCl}_2$ . There was a general feeling of lassitude all the morning. Bowels were opened twice. One or two twinges of pain in the left ear. After dinner on passing wind some watery and blood-stained mucus escaped involuntarily. There was a general feeling of uncertainty in the bowels throughout the day and a sense of fulness in the abdomen.

#### GENERAL LASSITUDE AND ESPECIALLY WEAKNESS OF LEGS.

9 p.m.: Rumbling in abdomen with desire for stool, and passage, at 9.15 p.m., of a soft but formed stool of peculiar odour. 11 p.m.: Rumbling and pinching in abdomen followed by the passage of a large quantity of flatus.

August 31.—Had a comfortable night. No symptoms

through the day except weak knees. Very tired in the evening, with a tendency to come over hot and perspire; also in the evening desire for and attempt at stool, but passage only of much foetid flatus. There was one good normal stool in the morning and one small one about 7 p.m.

September 1.—Four formed but loose stools during the day, with tenesmus and passage of a good deal of flatus. Mental and bodily weariness throughout the day. Weak feeling in the knees after walking only a short distance, and constant desire to sit down.

September 2.—No symptoms except slight languor and a weak feeling about the knees.

September 3.—Languid, weak in legs. Occasional slight frontal headache.

September 4.—Lassitude, weakness in knees. Weak feeling in wrists.

September 5.—Weak knees, which feel as if they must give way. During the morning some dyspepsia, discomfort in chest and at epigastrium. Stiffness of thigh and calf muscles, especially of the adductors. Bowels opened twice, formed but soft stools.

September 6.—Less general lassitude and weariness, but the muscles all over the body feel stiff as after violent and unaccustomed exercise. Stiffness felt most in the quadriceps extensor femoris and in the extensors of the foot, which also have a tender, bruised feeling. Stiffness also marked in the muscles forming the thick part of the arm in front, below the elbow. Some pain of a sticking character in the right side of the root of the tongue on swallowing.

September 7.—7.30 a.m.: Took the last dose of  $\text{BaCl}_2$ , being the twentieth consecutive dose, and completing the ten days. Stiffness in legs, both above and below the knees, and also in the trunk at the sides of the chest. Tension in the forehead (? frontal portion of occipito-frontalis).

September 8.—Some rheumatoid pain in the last joint of right thumb during the morning, worse from pressure. Stiffness in calves in morning.

September 9.—Aching pain in right knee under patella, felt before getting out of bed, and continuing till after walking.

September 10.—No more symptoms. Weight in same

clothes as before proving, is 8 st. 12 lbs. 2 ozs., being a gain of 2 ozs.

*Remarks.*—It will be seen that as far as this short proving is concerned, the influence of the drug was exhibited principally in the lower alimentary tract, especially the rectum; and in the muscles and joints, mainly the former, giving a sense of stiffness, weariness and weakness similar to what one feels from over-walking or bicycling too far.

#### THE BLOOD.

An examination of the blood made the day before the proving was commenced gave the following results. The examination was made about 4 p.m. :—

Hæmoglobin	...	...	90 per cent.
Red blood corpuscles	...	...	5,850,000
Blood decimal	...	...	$\frac{19}{20}$ or 1:0.77
White blood corpuscles	...	...	7,180

The red corpuscles were normal in size and shape.

Another examination made two days after the proving had ceased, at the same time in the afternoon, gave the following result :—

Hæmoglobin	...	...	100 per cent.
Red blood corpuscles	...	...	5,900,000
Blood decimal	...	...	$\frac{20}{21}$ or 1:0.84
White corpuscles	...	...	18,437

The red corpuscles were normal in size and shape. Most of the white cells had multipartite nuclei.

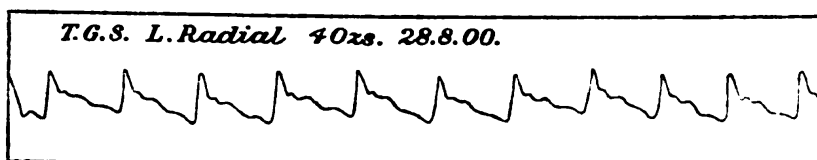
*Remarks.*—It will be seen that there was not much alteration in the red corpuscles, while the white corpuscles were increased in number by two and a half times. Both examinations were made at the same interval after the midday meal, so that the leucocytosis cannot be attributed to food, but must have been the result of the drug.

It is a little difficult to examine one's own blood accurately without assistance, so that the above figures should not be taken too absolutely, but there can be no doubt of the great increase in the number of white corpuscles caused by the proving.

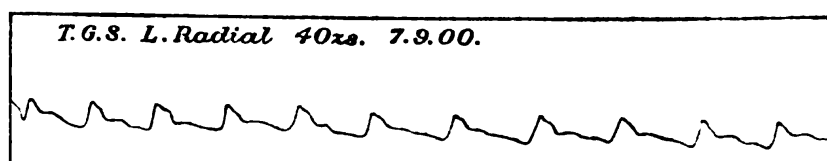
#### THE CIRCULATION.

Sphygmographic tracings were taken in the sitting position in the afternoon from the left radial artery under a

pressure of 4 ozs. A comparison of the tracings will show some increase in the tension of the pulse.



TRACING TAKEN ON AUGUST 28, 1900, BEFORE PROVING.



TRACING TAKEN ON SEPTEMBER 7, 1900, AFTER PROVING.

With a view to observing the effect on the heart, a record was kept as to the frequency of the pulse both in the sitting and standing posture, at the same hour every evening :—

			SITTING		STANDING		DIFFERENCE	
August	28	...	64	...	78	...	14	
"	29	...	60	...	82	...	22	
"	30	...	58	...	74	...	16	
"	31	...	70	...	92	...	22	
September	1	...	70	...	92	...	22	
"	2	...	68	...	92	...	24	
"	3	...	54	...	76	...	22	
"	4	...	68	...	90	...	22	
"	5	...	68	...	82	...	14	
"	6	...	76	...	96	...	20	
"	7	...	78	...	100	...	22	
"	8	...	66	...	86	...	20	
"	9	...	70	...	82	...	12	
"	10	...	68	...	82	...	14	

During the proving.

It will be seen that the difference in frequency between the pulse taken in the sitting and standing positions, which is normally 12 to 14, rose during the proving (with two exceptions) to over 20, showing, I think, that the increased tension indicated by the sphygmograms was not due to any increased force in the heart, but to increased obstruction in the small vessels or capillaries, to which the heart responded with some difficulty.

#### THE URINE.

A careful daily analysis was made of the urine to determine the specific gravity and the quantity of chlorides, phosphates,

TABLE SHOWING QUANTITATIVE ANALYSIS OF URINE BEFORE, DURING, AND AFTER TAKING CHLORIDE OF BARIUM.

	Date 1900	Quantity in cc.	S. G.	Chlorides Grms. Grains	Phosphates Grms. Grains	Sulphates Grms. Grains	Urea Grammes Grains	Uric acid Grms. Grains	Ratio of uric acid to urea
No drug	Aug. 21	590	1.032	5.5 = 85	—	—	26.5 = 408	0.5 = 7.7	1 : 53
	" 22	750	1.023	5.8 = 90	—	—	20.2	0.44 = 6.8	1 : 46
	" 23	852	1.022	7.6 = 117	—	—	21.3	0.58 = 9.0	1 : 36
	" 24	700	1.026	8.6 = 133	2.24 = 34	1.62 = 25	18.2	0.57 = 8.8	1 : 32
	" 25	725	1.025	7.3 = 113	2.17 = 33	1.7 = 26	20.3	0.5 = 7.8	1 : 40
	" 26	1,150	1.019	6.2 = 95	2.3 = 35	1.7 = 26	25.3	0.71 = 10.9	1 : 35
	" 27	850	1.017	4.9 = 76	1.6 = 24	0.9 = 15	15.3	0.4 = 6.2	1 : 37
Average, August 21-28	" 28	1,230	1.016	7.8 = 121	2.1 = 33	1.3 = 21	20.9	0.56 = 8.6	1 : 38
	...	856	1.021	6.7 = 103	2.08 = 32	1.46 = 23	21	0.53 = 8.2	1 : 39
BaCl <sub>2</sub> , gr. i., in 2 oz. distilled water night and morning.	Aug. 29	1,020	1.019	6.1 = 94	2.29 = 35	2.04 = 31	19.3 = 297	0.64 = 9.8	1 : 30
	" 30	700	1.024	5.3 = 81	1.8 = 27	1.27 = 19	20	0.63 = 9.7	1 : 32
	" 31	630	1.030	6.2 = 95	2.21 = 34	1.57 = 24	20.1	0.68 = 10.5	1 : 30
	Sept. 1	710	1.024	7.1 = 110	2.04 = 31	1.6 = 25	22.7	0.5 = 7.8	1 : 45
	" 2	1,475	1.016	7.9 = 122	3.31 = 51	1.29 = 19	22.8	0.7 = 10.9	1 : 32
	" 3	1,160	1.018	9.5 = 146	2.16 = 33	1.45 = 22	22	0.73 = 11.2	1 : 30
	" 4	970	1.019	6.4 = 98	1.7 = 26	1.31 = 20	19.4	0.66 = 10.1	1 : 30
	" 5	760	1.024	4.1 = 63	2.12 = 33	1.3 = 20	20	0.67 = 10.2	1 : 30
	" 6	760	1.022	5.6 = 86	2.09 = 32	1.23 = 19	19.7	0.67 = 10.3	1 : 30
	" 7	590	1.031	5.7 = 89	1.9 = 29	1.7 = 26	18.2	0.69 = 10.5	1 : 29
Average during proving									{ An increase in uric acid of 23.17 per cent.
No drug	Sept. 8	420	1.035	3.9 = 60	1.9 = 29	1.17 = 18	18 = 277	0.6 = 9.2	1 : 31
	" 9	900	1.021	5.4 = 83	2.09 = 32	1.26 = 19	21.6	0.54 = 8.4	1 : 39
	" 10	700	1.019	3.5 = 54	1.5 = 23	0.9 = 14	15	0.52 = 8.1	1 : 29
	" 11	1,200	1.019	6.9 = 107	2.5 = 40	1.7 = 27	22.8	0.64 = 9.8	1 : 38
	" 12	1,040	1.016	5 = 77	2.08 = 32	1.3 = 20	21.8	0.54 = 8.4	1 : 40
	" 13	650	1.024	4 = 62	2.1 = 32	1.3 = 20	18.8	0.48 = 7.5	1 : 39
	" 14	825	1.021	6.4 = 99	1.7 = 26	1.85 = 28	20	0.61 = 9.5	1 : 33
	" 15	720	1.026	5 = 77	1.9 = 29	1.62 = 25	24	0.66 = 10.1	1 : 39
	" 16	657	1.026	4.6 = 71	1.8 = 28	1.3 = 21	19.7	0.53 = 8.1	1 : 37
	" 17	620	1.024	4 = 61	1.4 = 22	1.2 = 18	18	0.55 = 8.4	1 : 33
Average for ten days after proving									{ Increase of uric acid of 6.1 per cent.
									1 : 35

sulphates, urea, and uric acid. All the urine passed from 9 p.m. on one day to 9 p.m. on the next day, was collected in one vessel, the total quantity then measured, and the analyses then made between 9 and 12 on the same evening,

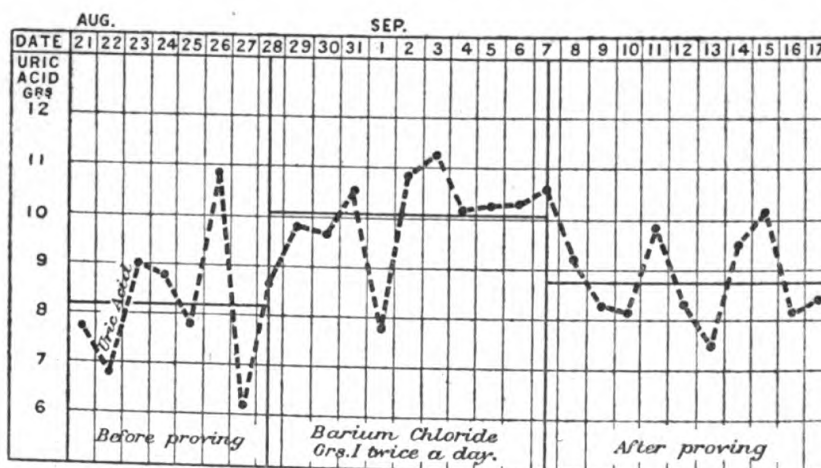


DIAGRAM SHOWING THE DAILY EXCRETION OF URIC ACID, BEFORE, DURING, AND AFTER THE PROVING.

(The horizontal black lines indicate the average during the different periods.)

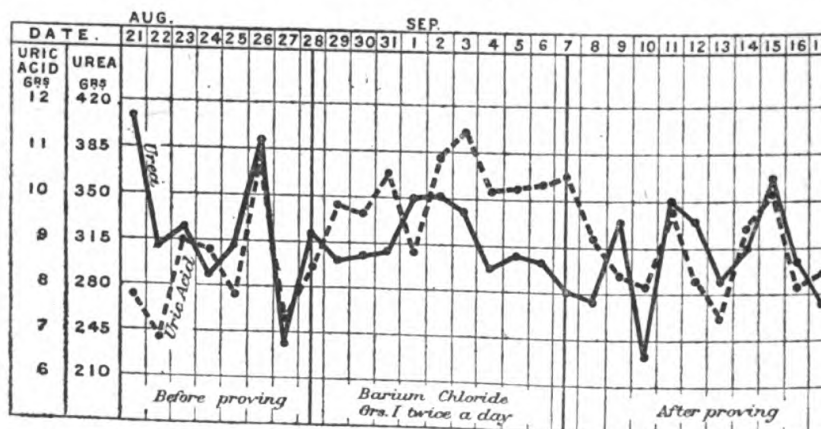


DIAGRAM SHOWING THE CURVES OF UREA AND URIC ACID. IT WILL BE NOTICED HOW THE PROVING INTERFERED WITH THE NORMAL PARALLELISM OF THE TWO CURVES.

(Uric Acid is indicated thus, ..... Urea is indicated thus, —.)

with the exception of a part of the process for estimating the uric acid which had to be left over and finished on the following morning.

The chlorides were estimated by Mohr's method. By

precipitating with a solution of nitrate of silver, the end point of precipitation being indicated by reaction with potassium-chromate solution.

The phosphates were estimated as total phosphoric acid by precipitation, by uranium nitrate and sodium acetate, the end point indicated by reaction with potassium ferrocyanide.

The sulphates were estimated by heating with hydrochloric acid so as to convert the ethereal sulphates into ordinary sulphates and then precipitating by barium chloride, the end point indicated by reaction with potassium sulphate solution.

The urea was estimated by the ordinary sodium-hypobromite test.

The uric acid was estimated by Gowland-Hopkins' shortened process, precipitating all urates by saturated solution of ammonium chlorides, washing, liberating with sulphuric acid, and titrating with  $\frac{1}{10}$  normal solution of potassium permanganate.

Analyses were made daily for eight days before the proving in order to give an average for health, for the ten days of the proving and an average struck, and for a subsequent period of ten days in order to show how long the drug continued to exert an effect upon metabolism.

Full details are given in the annexed tables and diagrams. From them it will be seen that there was a diminution in the chlorides in the period succeeding the proving; that the phosphates and sulphates were not much altered; that there was very little difference in the amount of urea excreted; but that there was a great increase in the amount of uric acid excreted, reaching as much as 23.17 per cent. during the proving and 6.1 per cent. during the following ten days. There was at no time any albumen, sugar, or deposit.

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## FURTHER IMPRESSIONS—BERLIN.

By C. OSMOND BODMAN, M.D.

LEAVING Paris early in December, 1906, I proceeded to Berlin, where the remainder of my course of study was to be taken. The change from the French capital to that of Germany was a striking one, not only as regards weather—which was damp and muggy in Paris, while in Berlin snow fell on almost every day of my stay there—but also in the character of the inhabitants and other respects.

After the uniformly kind and courteous reception accorded to the English visitor at the Parisian hospitals, with every assistance given to him in getting what he desired, the atmosphere of the hospitals in Berlin seemed decidedly chilly, though having once reached the celebrated chief members of the staffs of the various institutions, these were found to be as kind and willing to help the inquirer as their colleagues in the French metropolis. The English medical visitor, unless able to speak German fluently, needs patience and perseverance if he is to succeed in reaching the well-known men that he wishes to see, in order to meet the lack of courtesy and of assistance—if not actual obstruction—on the part of the lesser fry in the Berlin hospitals. This experience of mine was found to coincide with that of other Englishmen and Americans with whom I conversed. From our homœopathic colleagues, as well as the senior physicians and surgeons referred to, much kindness was experienced, especially from Dr. Fr. Gisevius in the former class, and Prof. Adolph Baginsky in the latter.

Dr. Gisevius showed me several cases of interest among his private patients, demonstrating his methods of treatment, many of which are original and ingenious, he would specially commend to our notice the use of colloid preparations of the metals and of glycerine extracts of certain drugs, as *hydrastis*, *thuja*, *sanguinaria*, &c., in place of tinctures.

Visits were also paid to the fine modern Homœopathic Hospital, under the able direction of Dr. Schwarz, at Gross Lichterfelde, a pleasant suburb of Berlin. The hospita contains forty-eight beds arranged in wards containing from one to three beds each, and I understood that the patients

pay from 5s. to 10s. a day. The hospital contains a modern operating room, and is equipped with a complete installation for various kinds of electrical treatment and is very nicely fitted up, standing also in its own grounds with open surroundings. Dr. Schwarz resides on the premises, and a house was being built near by for Dr. Windelband, who was about to remove from Berlin and to join Dr. Schwarz in the work of the hospital. Most of the patients appeared, at the time of my visit, to be surgical cases, but I saw a case of fibrinous bronchitis from which some very fine bronchial casts were shown; the patient was improving under *ars. iod.*

Prof. Baginsky is Medical Director of the Kaiser und Kaiserin Friedrich Kinderkrankenhaus, a large and comparatively modern children's hospital, which has grown up under his direction, and in which he takes a deep and practical interest, and hopes to see still further enlarged, including accommodation for wet-nurses.

At present the feeding of infants is artificial:—sterilised milk, whey, buttermilk, oatmeal and water, malt extract, milk and water, and various infant foods being used. These are prepared in the laboratory and sent out in bottles, each containing sufficient for one meal and distinguished by a different coloured label for each sort of food. After use, the bottles are brushed out with a solution of soda in water, then inverted over a powerful jet of sand and water, and then of sterilised water, and finally left to drain. The crèche consists of small wards with walls of cork composition (which help to maintain an equable temperature) and terrazzo floor. Each baby has a number which is inscribed on its cot and stamped upon all its utensils; these consist of a separate thermometer, aseptic rattle, basin, spoon, &c., kept in a glass cupboard over each cot, and a polished metal bath kept beneath each.

Syphilitic and gonorrhœal cases are accommodated in two separate wards with different-coloured utensils. By means of strict cleanliness and isolation, the mortality in the crèche has been reduced from 50 per cent. to 25-29 per cent.

Lavage of the whole large intestine with saline solution, first introduced by Baginsky in 1882, is used in cases of diarrhœa, and gastric lavage for persistent vomiting. Several

visits were paid to this institution, and many good cases were kindly pointed out by the Professor, who speaks English well.

The children's department at the large Charité Hospital, under the care of Professor Heubner, was also visited, and here also everything was up-to-date and well equipped. The most elaborate and complete hospital seen, however, was the new Rudolph Virchow Hospital, which had just been built by the municipality of Berlin at a cost of nearly £1,000,000; it contains 2,000 beds and took nine years to build, and at the time of my visit was only partially occupied, being only just completed. There are two large wings for men and women respectively, and in the centre twenty detached one-story blocks, each containing two wards of twenty beds, with sterilising, consultation, and urine-testing rooms, lavatories, bath rooms, day room, sisters' sitting room, &c., two double-bedded and two single-bedded small wards; each unit being complete in itself.

Another block is fitted as a bath-house containing a most complete assortment of baths—Turkish, Russian, shower and jet baths with regulated temperature and force of projection, hip bath with douche for rectal and vaginal use, effervescing carbon dioxide bath, radiant heat, coloured light, electric and sand baths, the last being fitted with an apparatus for heating the sand and for sterilising it after use, and used for rheumatism and gout. Also static and high-frequency electricity and inhalation, cooling and dressing rooms. There was also a wonderful exercise room with thirty or forty machines, some driven by electricity, for performing massage, vibration, and movements of the various joints. Also machines for exercises for scoliosis and to develop respiratory expansion, and to imitate rowing, bicycling, horse-riding, &c.

Another house is fitted up for Röntgen-ray work and also with mercury vapour lamps, &c. The operating pavilion contains two operating theatres with accessory rooms; the former are tiled, and lighted from above with glass roofs and arc lights. All fittings, as clocks, instrument cases, &c., are sunk in the wall. The hospital also comprises an engine-house, laundry, kitchen block—containing nine cookers of 130 gallons capacity each—water tower, &c., the various parts being connected by an electric tramway.

The number of "polikliniks" scattered over Berlin is surprising, and several were visited; they are usually devoted to some speciality, sometimes three or four specialists combining together to practise their various specialities in one building. Many interesting cases were seen at the orthopædic clinic of Prof. Hoffer, and some remarkably good results from operations for tendon lengthening and shortening. Amongst other methods used, oxygen is injected into knee-joints to distend the synovial sacs before taking radiographs, and in some cases of tuberculosis and arthritis deformans this was found to have a beneficial effect, in the latter case the effect being probably mechanical. The homœopathic polyclinic and the gynæcological clinics of Dührssen, Landau and Knorr were also attended, and a course of cystoscopy and gynæcology taken out.

I trust that this fragmentary series of impressions may prove of interest in showing what some of our Continental *confrères* are doing, and may stimulate some to go and see for themselves; for we may learn much from one another, and broaden our views of the great problems which daily confront us in the practice of our profession.

In conclusion, my grateful thanks are due to the British Homœopathic Association, which thus sent me to see and learn, and I hope that the opportunities afforded have been turned to useful purpose.

## SERUM THERAPY AND HOMŒOPATHY.

BY DR. PROCTOR (BIRKENHEAD).

THE paper by Dr. Paul Tessier that appeared in the Review for December, 1907, shows a very interesting parallelism existing in the behaviour of the blood leucocytes under the toxin and the antitoxin of diphtheria, and he draws the inference that the antitoxin acts homœopathically when given in this disease. Dr. Tessier is not alone here, for the same idea has been frequently expressed, but, in my opinion, on insufficient grounds. In the case before us, although we get parallel changes in hyper- and hypo-leucocytosis, that is but a slight basis on which to construct such a clinical similarity as we require, seeing that leucocytosis is modified by so

110714

many agents, medicinal and morbid. In order to establish any real similarity, we should look for some of the obvious phenomena of diphtheria, and if we found anything like exudation on the mucous surfaces and subsequent paresis we should feel the ground under us. In such case the blood changes would be valuable confirmatory evidence, but standing alone, and without the usual clinical phenomena, one must be careful in trusting to leucocytosis alone. There is this further consideration in the case: if the antitoxin be regarded as acting homœopathically, it would then appear to be not itself protective but to act dynamically on the blood and evoke a really protective reaction as any other medicine might do. In such case the serum might be attenuated and still prove curative. This, however, we know is not the case. Very material quantities of serum are required, and there has been no suggestion of the small dose, all the indications pointing in the other direction. So I am afraid we cannot claim this antitoxin therapy as belonging to us; but, as we have signed no articles forbidding its employment, we may legitimately use this mode of treatment as well as any other whose value is attested by curative results. Dr. Tessier will pardon these few critical observations, as they are made with all the respect due to our distinguished colleague.

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### Clinical Cases.

By E. W. BERRIDGE, M.D.

CASE 17.—*Sulphuric Acid*.—May 6, 1874, Miss S., aged 38, complained of pain in right side of loin, like an instrument going straight through to right side of abdomen, on the head of which someone knocked. The attack had lasted some hours; had suffered from them at times for months. She is phthisical, with strong phthisical hereditary diathesis.

*Diagnosis of the Remedy*.—No medicine is known to have produced or cured this symptom, but *sulph. acid* has produced a similar pain in the head. "80. Thrust in right temple as if a plug were sticking in and constantly pressed deeper." 1

dissolved a few globules of Cm. (Finckè) in water, a spoonful of the solution to be taken thrice daily till better. A few doses quickly and permanently cured ; there had been no relapse in seventeen years.

*Comments.*—(1) This case demonstrates the truth of Boenninghausen's statement that a medicine which has produced a very peculiar symptom in one part of the body will often cure it when occurring elsewhere. This I have often verified. A perfect *Materia Medica* and *Repertory* must therefore classify the symptoms under "Sensations," as well as under other rubrics, in order that we may be the better able to select the *simillimum* by analogy, when the patient's symptoms are not exactly described in the provings. Hering's *Guiding Symptoms* and Kent's *Repertory* fully embody this *desideratum*.

(2) Few cures by *sulphuric acid* have been reported, and I have only used it four times. On February 20, 1874, Miss A. complained of feeling of a lump in right outer canthus ; on closing eye, the lump seemed to move to right inner canthus, and on again opening the eye it seemed to move back again. Guided by symptoms 106, 117, I prescribed one dose of *sulph. acid* Cm. (Finckè). The pain was at first aggravated, then the eye began to water and the pain ceased. On October 5, 1884, Miss B., aged 18, suffering from phthisis, had, as a characteristic symptom, cough followed by eructations (see symptoms 393, 406). A few globules of *sulph. acid* Cm. (Finckè) dissolved in water, a spoonful of the solution taken every six hours till better, soon removed this symptom, and much improved her general condition. On April 27, 1881, I visited Mr. P., aged 38, who had suffered for four years with general paralysis, and had been confined to his bed for three weeks. I found some horrible bedsores, one on each *tuber ischii*, one on lower part of sacrum, and one on right hip ; they were black, bleeding, discharging offensively, and painful on moving. Lippe's *Repertory* gave (p. 266) "Chafing with gangrenous ulceration, becomes easily chafed with walking or riding" *sulph. ac.* I dissolved a few globules of Cm. (Finckè) in water, and gave a spoonful of the solution thrice daily. When I saw him again on May 5, he informed me that in three days the bedsores had become drier and less offensive, and that he had slept much better. This symptom of *sulph.*

*acid* is not found in the *Materia Medica*, and is therefore probably clinical ; but it proved of great value. Why should we ignore clinical symptoms to supply the gaps in the provings, especially when Hahnemann endorsed their careful use ?

(3) Symptom 106, verified in one of these cases, is contributed by Nenning—another proof of the reliability of his provings, which have been unjustly disparaged.

### DOUBLE INFECTIONS.

By K. P. GANGOULY (CHANDERNAGORE, BENGAL, INDIA).

CASE 1.—*Malaria and Cholera*.—Nidhu, a coachman, aged about 23, full-blooded and robust ; suffered from an attack of malarious fever a week ago, and was cured by allopathic medicines, took *quinine*, some 30 grains. He had no fever for three days, and took rice with fish soup yesterday. This morning (November 17, 1907), at 9 a.m., I was called to see the patient, who was attacked with sudden purging from 4 a.m. ; purged seven times and vomited thrice. Stools, water with flakes, little crampy pain in the extremities, and had thirst ; pulse thready. R̄ *sulphur* 30, one dose, and *vehic.* (unmedicated) globules, four doses every half-hour. After two hours I saw the patient again ; he was very restless, extremities very cold, pulse imperceptible, and thirst intense. I gave him a glass of water, which he took and drank the whole quantity, but vomited after a minute ; passed copious, watery stools three times since my first call. R̄ *aconite radix* lx. drop dose, six doses, once every half-hour. At 2 p.m. reported restlessness and thirst decreased, but purging and vomiting did not lessen, cramps in the extremities increased. R̄ *ricinus com.*, 3 pills, six doses, ordered to take one pill after each stool. Saw the patient in the evening, passed stool twice, quantity diminished, no vomiting, cramps ameliorated, and radial pulse perceptible. Repeat medicine.

November 18.—Reported better. Repeated medicine—cured.

CASE 2.—S. Ghosh, aged about 40, short, healthy man, got fever a few days ago, which was checked with *quinine* and

allopathic drugs. This morning (November 28, 1907), the allopathic doctor prescribed him, as diet, a small quantity of fish soup. He purged twice with extreme prostration. He did not take the soup, and took to bed, and immediately after he felt nausea, passed copious rice-water stool and vomited. After two hours I visited the patient at 11 a.m.; his pulse imperceptible, cold sweat on the forehead, cramps in the abdomen, restlessness and coldness of the extremities. *R. verat. alb.* 30, six pills, four doses directed to take every half-hour. After two hours, reported that the patient was in the same condition, only the cramps were increased. Repeat *verat. alb.* 30, pills, six doses every half-hour. In my next visit, at 6 p.m., I saw the patient tossing restlessly in his bed with agonising screams, could not answer my questions. I could only guess that he had extreme pain in the abdomen, as he put both his palms over it. I took the globules of *colocynth* 3 from my pocket case, and put them on his tongue. Ten minutes after he expressed a little amelioration of the pain; another dose after fifteen minutes, and he talked with ease soberly. I left three doses of the same medicine, directed him to take one, two, three hours apart. Next morning the patient was all right. *R. vehic.* pills—cured.

CASE 3.—N. Bondo's wife, aged about 38, has had many children, very weak, and of delicate constitution; was attacked with malarious fever and cured with allopathic and Kaviraji treatments. She fell ill of cholera four days after she had got rid of fever. I was called in the evening of November 30, 1907; her features cadaverous, eyes sunk, voice hoarse, pulse almost gone; stools watery serum with flakes, vomited several times, cramps in the extremities, urine suppressed. *R. ricinus com.*, 3c gtt. 6 with *aqua*, six doses ordered to take every hour. Next morning reported she rallied, I prescribed another four doses of *ricinus* 3c with directions to take every three hours—cured.

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## Cases from Hospital Practice.

This section is reserved for reports of interesting cases occurring in Hospital or Dispensary practice, new methods of treatment, and all purely professional matters. These should be carefully, or, if needful, elaborately recorded and described. Each contributor will, if necessary, be allowed two pages of the REVIEW every month for this purpose.

Reports should be sent on as early in the month as possible.

### BRISTOL AND CLIFTON.

#### CASE OF SPASMODIC DYSMENORRHOEA: RECOVERY UNDER PUTSATILLA 30.

*Reported by Dr. J. Hervey Bodman.*

E. B., aged 20, single, first attended as an out-patient at the Hahnemann Hospital on August 13, 1906. For two years she had been suffering very severely at each menstrual period. The periods came regularly as a rule, but were sometimes a few days late; they usually lasted about four days and the discharge was scanty in amount. Shortly after the onset of the flow she always was seized with violent griping pains in the hypogastrium, which were not relieved by lying down; the pain often caused fainting. It would last about twelve hours, and would be followed during the next twenty-four hours by frequent vomiting of a green or black fluid. After these attacks she felt very weak for several days. She was rather anæmic. The medicine prescribed was *pulsatilla* 30, *t.d.s.*

August 27.—Period on 20th ult., much pain as usual, but no sickness. Repeat.

September 24.—Period commenced on 23rd. Less pain; slight nausea. Repeat.

October 29.—Period on 25th ult. Much less pain. Repeat.

January 24, 1907.—There has been *no pain* at the last three periods. Is quite well.

*Remarks.*—This is a very similar case to the one reported in June, 1907, when a similarly striking result followed the administration of the same remedy.

### LONDON HOMŒOPATHIC HOSPITAL.

*Reported by Dr. J. Roberson Day.*

*Tabes Mesenterica.*—Muriel F., aged 3½, was born in South Africa, and had been bottle-fed. For two years and three months she had suffered from capricious appetite, vomiting,

and diarrhœa. The abdomen was large and the motions were offensive in odour, averaging four to six a day. The vomiting had been a persistent symptom since ten months old.

She first came to me on September 13, 1906, presenting a very wasted appearance. The skin was flabby, anæmic, and had a transparent appearance about the face—especially the nose and eyelids. The abdomen was much distended. *Ars. l. 3, gr. ii. t.i.d.*, and *tuberc. 30*, weekly doses were prescribed.

September 28.—For eight or ten days there had been no vomiting, and motions were better.

October 25.—Had only vomited once during last month, and motions were less offensive.

January 11, 1907.—Better in every way. Repeat. Continues very anæmic.

June 27.—No vomiting now, and motions are more natural, and bowels act twice a day. She is less flabby and generally improving. *China, 3x, ter in die.*

October 17.—Still anæmic, but very seldom vomits. *Fer. phos. 6, q̄iii.*, four hours.

*Prompt Cure of Diarrhœa in a Rickety Child.*—Ivy S., aged 2, came on July 2, 1907, with diarrhœa, the bowels acting every time she took food. The motions were blood-stained and slimy.

This was a clear indication for *merc. cor.*, which was given in the 3 potency, *pil. ii.*, two hours, and the diarrhœa completely stopped the next day, when the constitutional medicine, *calc. phos. 12*, was resumed.

*Plumbum in Albuminuria.*—Reginald C., aged 2 years and 5 months, came June 13, 1907. He presented the appearance of general anæsarca, and was specially puffy about the face. The urine was abundant and contained albumen. He had not had scarlatina. His mother said the puffiness was chiefly about the eyes in the morning. He was inclined to diarrhœa. *Plumb. 12, pil. ii. ter in die.*

June 27.—No albumen on boiling or with nitric acid.

July 11.—No albumen, and face much less puffy. His mother says he has got thinner, *i.e.*, the œdema had disappeared. He was kept under observation till October 7, and the urine regularly examined. The albumen never re-appeared and the only medicine given was *plumb. 12*.

DEVON AND CORNWALL HOMŒOPATHIC  
HOSPITAL, PLYMOUTH.

HEART CASE.

*Reported by Dr. Newbery.*

During the closing months of last year work in the hospitals has been rather slack, and the cases of the ordinary type. But the following, which at first gave cause for grave anxiety, will, it is hoped, be of interest.

June 5, 1907.—E. L., aged 13. History of disease. Patient is a bright, fair child, of average physique. About four weeks ago she took part in some school sports on a Saturday. The same night she complained of pains in her legs, which increasing, the parents, on Monday, thinking she was suffering from strain, sent for "nearest doctor," who diagnosed "rheumatic fever," and said the heart was in a very bad condition. Patient was free from pain in about two weeks, but continued under treatment—allopathic—for about a month, when the doctor said he could do nothing more for her, and that she would "probably be an *invalid all her life*." Patient was first seen on 3rd. She was up and about until ordered to bed. Her condition was about as bad as it could be—pale, flabby, with marked dyspnoea and general weakness. Pulse so rapid and small that it was uncountable, and over a large cardiac area there was a soft-blowing murmur. The very serious condition of the child was pointed out to the parents, and arrangements were made for her immediate removal to the hospital. *Ignat.* 1x.

This morning night nurse reports that patient had had a very restless night in consequence of frequent cough. Œdema of feet and ankles, noticed on admission, had gone down. Apex beat in nipple line and about 2 inches below. *Hyoscy.* 1x, *m.*, 2 h.; *stroph.* 1x, *miii.*, 4 h.

Full diet, except meat and potatoes, and a quart of milk extra. Absolute rest in bed; patient not to rise for anything.

June 7th.—Sleeping much better, and cough giving very little trouble.

June 18th.—Patient's general condition has greatly improved. Heart's action is firmer, but the "cantering" action is very marked.

To have such Schott exercises as can be given in a recumbent or semi-recumbent position. Continue *hyoscy.* 1x, *p.r.n.*; *cratægus*  $\phi$ .,  $\mathfrak{mii}$ ., 4 h.

June 24th.—*Digitalin*, 2x,  $\mathfrak{mi}$ ., 4 h.

June 26th.—Last few days patient has had a puffy appearance, and the urine has diminished in quantity 3x. per diem, though no albumen is apparent. Continue *digitalin* 2x,  $\mathfrak{mi}$ ., *bell.* 1x,  $\mathfrak{mii}$ ., alt. 2 h.

From 27th to 29th patient had a warm bath daily, but with very little effect on skin or on amount of urine, which was charged with phosphates.

June 30 to July 22.—Patient was given *inf. of digit.*, beginning with  $\mathfrak{mxx}$ . 4 h. and increasing to  $\mathfrak{mxxv}$ . The condition varied very much from time to time; sometimes there was considerable œdema, sometimes hardly any. The amount of urine varied from 3x. to 3xviii. daily.

August 1.—“Lumbar cushions” very marked. As there was some general improvement, and patient had been in hospital nine weeks, she was allowed to go home on August 5. She bore the excitement of moving very well. *Stroph.*  $\phi$ ,  $\mathfrak{miii}$ . 4 h. On returning home patient was allowed to go out in Bath chair in a recumbent position. Patient steadily improved until the beginning of September, when she went to Liskeard for a fortnight.

October 9.—Patient has done remarkably well. The chair has been discarded and she has been allowed to take careful walking exercise. The diet has been restricted to non-nitrogenous, as it was found that if she had meat the œdema appeared in the lower extremities and there was albumen in the urine. At the present date there is but the faintest trace. There is a loud mitral regurgitant bruit from the apex to the point of the scapula.

November 5.—Patient to-day commenced a course of Nauheim treatment—baths and exercises—at home, and all medicine was dropped. The effect of this treatment was satisfactory in every way. Patient put on flesh and improved in colour, and by the end of the course said she felt “quite well.” After the services of the nurse who had given the baths and exercises were dispensed with, patient was instructed to continue the exercises with auto-resistance, and

she was put on a course of *ars. iod.* 3x, gr. iii., *t.d. p.c.* When last seen, January 6, 1908, patient had the general appearance of being in excellent health. There was no albumen in the urine. Pulse 96 and quite steady, the mitral bruit much less marked, not extending beyond the axillary line. Cardiac compensation may be said to have been established.

*Remarks.*—I am afraid the above notes are rather disconnected and badly put together. They are simply copied from clinical notes. But I think the case emphasises some points of importance:—

- (1) The necessity for prolonged and absolute *rest*.
- (2) The necessity of careful dieting.
- (3) The advantages of the Nauheim treatment.
- (4) The effect of suitable medicines, of which *strophi.* in the *φ digitalis* in doses of *mxxxv.* to *mxx.* of the infusion and *ars. iod.* 3x seem to have been most marked.
- (5) The continuance of the Nauheim treatment with *auto-resistance* after the regular course is finished. I consider this point one of immense importance in order to establish permanently the good effects of the treatment. The exercises with auto-resistance should be continued for at least a year.

#### BROMLEY.

##### PERFORATING GASTRIC ULCER, OPERATION—DEATH.

*Reported by Dr. H. Wynne Thomas.*

C. T., aged 34, a parlourmaid, was admitted to the Phillips Hospital, Bromley, in January, 1904, with history of anæmia and indigestion for eight months previously. Ten days before admission she had severe hæmatemesis, after which the pain disappeared, with careful dieting, rest in bed, and medicines, *ars. a.* 3, *bry.* 3x, *argent. nit.* 3, *fe. protox.*, she got quite well, and went home in a month.

In December, 1904, she had a threatened relapse, and was kept in for three weeks.

On January 11, 1908, feeling very tired, she was getting into bed about 9.30 p.m., and felt suddenly severe pain in her abdomen, much worse than she had ever experienced before; this continued all night.

The following morning, at 9 a.m., Dr. Madden was called some miles into the country to see her, and found her in very severe pain. He diagnosed ruptured gastric ulcer, gave her a *morphia* suppository gr.  $\frac{1}{2}$ , and ordered her to be removed as soon as possible into hospital.

The patient had been having epigastric pains and attacks of vomiting for about a week, and had therefore restricted her diet to milk and Benger's food, but had not consulted a doctor. The *morphia* gave her some relief, and she managed the journey to the hospital fairly well, a distance of three miles. Unfortunately, between 9 and 11 a.m., in order to fortify the patient, the friends had given her a teaspoonful of milk and brandy every five minutes. On arrival at the hospital a rectal saline injection of a pint was given; at 12.30 p.m.,  $\frac{1}{2}$  pint was transfused under the breast as no pulse could be felt at the wrist. At 2.30 p.m. Mr. Knox Shaw, together with Dr. Madden and Dr. H. Wynne Thomas, came prepared to operate, but the patient seemed almost at her last gasp, and was thought to be moribund; no radial pulse and no heart sounds could be heard with the stethoscope; the patient was unable to speak; hands cold and blue. Dr. Wynne Thomas, however, opened the right median cephalic vein and transfused 2 pints saline fluid, after which the patient said she felt better, the pulse returned and the blueness disappeared from the hands. The patient was transferred to the theatre, the canula remaining *in situ*. Dr. Madden anæsthetised the patient with C. E. (chloroform 1 part, ether 2 parts). Dr. Thomas tried to inject more saline fluid, but for some reason the vein had become blocked, and the corresponding vein in the left arm was therefore opened, and transfusion kept up during the operation, 8 pints being run in altogether. On opening the abdomen gas escaped, and pints of yellow white fluid welled up. After some difficulty an opening was found in the anterior wall of the stomach, near the œsophagus, large enough to admit the little finger. Mr. Shaw had great difficulty in bringing the edge together, owing to the friable state of the surrounding tissues, and the difficult position of the ulcer. A small opening was made above the pubes and a large drainage-tube introduced, the former wound closed, and patient put to bed. Pulse 135, regular, but weak. She soon regained conscious-

ness and could speak, no vomiting; but, in spite of hot bottles and injections of brandy, patient never really got properly warm. After 11 p.m. she became very restless, and complained of pain in both feet; at 1 a.m. she lost all pain, and, though conscious till nearly the end, she died at 2 a.m.

The lessons to be learnt from this case are, I think: When perforation of the stomach takes place; the patient is sure to die unless a laparotomy can be performed, and if an operation is to be successful every hour's delay adds greatly to the risk, and of course no food or liquid should be given by the mouth. Also that when almost *in extremis* intravenous injection will enable a patient to undergo a severe operation with chance of success. Unfortunately, owing to the difficulty of finding the ulcer, and trouble of sewing it up, the operation lasted over an hour, but in spite of that the patient lived nearly ten hours, and without the transfusion she certainly would not have survived the moving from the ward to the theatre.

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#### LEICESTER COTTAGE HOSPITAL.

##### A SOMEWHAT RARE CASE OF INTUSSUSCEPTION.

*Reported by Dr. Capper.*

H. W. D., aged 40, was first seen by Dr. Capper on December 9. He complained of violent abdominal pains of a spasmodic character, with intermissions of complete ease. Castor oil had been given, but with very slight result. There was no vomiting, and the symptoms suggested merely a severe attack of colic. A further administration of castor oil failed to produce a satisfactory motion, the evacuation consisting chiefly of watery mucus. The symptoms continued for several days: repeated attacks of intense colicky pains succeeded by long intervals of remission. Flatus was, however, freely passed by the bowel, and abdominal examination and digital exploration *per rectum* at this stage failed to throw any light upon the condition present. *Bell.*, *merc. corr.*, *nux vom.*, and *dioscorea* were tried without amelioration; enemata brought away no fæces, but on one or two occasions there was a show of blood. Being dissatisfied with the progress made, Dr. Capper

asked Dr. Mason to see the case with him in consultation on December 17. Although physical signs were still indefinite, Dr. Mason suggested the possibility of intussusception, basing this conclusion upon a hardness and rather vague sausage-like tumour in the left hypochondrium. Flatus was still freely passed *per rectum*. On December 22 a careful examination was made by Drs. Mason and Capper, and the evidence in favour of intussusception being considered stronger, and immediate operation therefore imminent, they called in Mr. Bond in further consultation. By inserting the finger as far as possible into the rectum, while at the same time depressing the bowel from above, the seat of the mischief was in part discovered, and intussusception was definitely diagnosed, with possible complications of uncertain nature. It was therefore decided that operative measures should be undertaken as soon as possible. The patient was removed to the hospital the same evening, and on December 24 Dr. Mason, assisted by Dr. Carter, opened the abdomen. About 7 or 8 in. of the intestine were found invaginated in the region of the splenic flexure. The invagination was readily reduced, and a longitudinal incision in the intestine revealed the presence of a fibro-lipomatous tumour about as large as a hen's egg, with signs of commencing gangrene, just at the end of the transverse colon. The thick sessile attachment was transfixed and ligatured, the wound in the intestine secured by a double row of silk sutures, and the abdominal wound closed without drainage. The bowels were moved with assistance on the sixth day, and an uninterrupted convalescence followed.

*Case of Multiple Fibroids—Hysterectomy.*—L. B., aged 40. In this case there was a history of chronic and persistent menorrhagia, the cause being diagnosed as fibroids. The uterus was removed by Dr. Mason, assisted by Dr. Carter. Ten to twelve fibroids were found to be present, varying in size from that of a pea to that of a large walnut. Considerable interest was added to the case from the fact that the patient had previously undergone two operations on the right kidney: the first for suspected calculus and kidney disease; the second, to close the sinus made by the first operation. The patient has made an excellent recovery.



## Correspondence.

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRs,—Dr. Scriven, in his attempt to prove that my *Comocladia* case was a natural recovery and not a Homœopathic cure, has overlooked two important particulars: (1) That the patient who caught cold (I did not write "got cold") on December 20, was much worse on 24th and 25th; (2) that a "marked improvement" in the severe pain commenced in forty-five minutes. I think this is sufficient to show the direct action of the remedy. If I did not mention the pulse, temperature, or respiration, it was because there was nothing of special importance to be noted with regard to them. Neither was it necessary to refer to the other lung or the heart, seeing that they were unaffected, any more than to record that the kidneys, bowels, liver, acted normally, and that she was quite *compos mentis*.

The cases I am now publishing are chiefly to show to beginners how to select the *simillimum*. A colleague has just ordered the numbers of the BRITISH HOMŒOPATHIC REVIEW which contain my cases, in order to study them. At pages 254-5 of the *Transactions of the International Hahnemannian Association* for 1907, Dr. D. A. Williams says: "I learned more from the reported cases of Dr. Berridge, of London, than any other man. That is the reason that I have hunted up his cases all through the old magazines and journals wherever I could find them. I want more than two or three lines to a case showing, perhaps, one or two prominent symptoms." I have also been complimented on the value of my work by several London Homœopaths, including some of the editors of the BRITISH HOMŒOPATHIC REVIEW.

Dr. Scriven's reference to "so-called Hahnemannian principles," leads me to think that if I had prescribed the 3x. potency, every four hours, perchance in alternation with something else, no criticism would have been forthcoming.

E. W. BERRIDGE.

193, Gloucester Terrace,  
Hyde Park, W.

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*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRS,—In your Editorial Notes in January's number of the BRITISH HOMŒOPATHIC REVIEW, you advocate Plasmon and Malvern waters. These are both excellent things in their way, and it is about them I have something to say.

Plasmon is a German preparation and all that you describe; but we have its English representative, *Casumen*, which, besides being "made in England," is cheaper, and I consider a better article. It is made by Prideaux, of Motcombe, Dorset, from the casein of milk, and is very like Plasmon in appearance, being a white powder. This I have used extensively for years, and it is an extremely valuable addition to the invalid's dietary. It may be taken "peppered" over the food or dissolved in milk, or used in many ways as described in the directions accompanying it.

Malvern water is most excellent, but expensive as a constant beverage in the quantities one usually prescribes such water. I find the *still salutaris water* which is supplied in gallon jars with taps, answers every purpose where it is desirable to supply a pure water free from lime, which will flush out the system and act as a solvent for the waste products which tend to accumulate in the system, and by their deposition cause rheumatic and gouty joints, calculi and gall stones. As a rule, people drink too little fluid, and the distilled water is most valuable in all such cases. It has the further advantage of being cheap, and it is also palatable, because after distillation it has been oxygenated by filtering through charcoal.

I am yours, &c.,

J. ROBERSON DAY.

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[EDITORIAL NOTE.—We are glad to see Dr. Roberson Day's recommendation of "*Casumen*," a most excellent preparation which we have known and used since its first introduction to the profession in 1898. It is prepared from pure English milk from cows fed in the celebrated Vale of Blackmore, perhaps the richest pasture land in England. We may mention, however, that Plasmon biscuits are made by a well-known firm in Edinburgh].

### Obituary.

#### MRS. MATHIAS ROTH.

WE regret to have to record that Mrs. Mathias Roth passed away on December 20, 1907, at Monaco, after an illness of much suffering lasting seven weeks. It is not our custom to let our obituary notices descend in the female line, but we make an exception in the case of Mrs. Roth. She was the widow of Dr. Mathias Roth, of Wimpole Street, who died in 1891, at his house at Divonne, and she was the sister of Dr. Collins, the well-known homœopathic practitioner of Leamington, who has now retired from practice. During her husband's life-time, her hospitality and geniality made their house in Wimpole Street well known, and the personal charms of both Dr. Roth and herself made it a delight to all who were fortunate enough to know and visit them. Mrs. Roth lived to an advanced age, having been born in 1830. She married Dr. Roth in 1852, and she became the mother of nine children—seven sons and two daughters—all of whom are alive except one. Of the sons, four are in the medical profession, the eldest son being Mr. Bernard Roth, F.R.C.S., and J. P. for Middlesex and Brighton, who succeeded his father in his practice of the treatment of spinal deformities, and who now practises at 38, Harley Street, residing at Enfield. The other three medical sons live abroad, and all have made an excellent name and position where they reside. Of the two daughters, the elder is unmarried, and the younger married a member of the medical profession, Dr. Kingdon Ellis, of Durban, Natal.

All who know Mrs. Roth will regret that her last few weeks of illness were clouded by so much suffering, and we offer our warmest sympathy to her numerous family in this affliction.

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#### DR. CHARLES VIDLER CAY.

AT the ripe age of 84 years, Dr. Charles Vidler Cay, a well-known citizen of Leamington Spa, died from heart failure, consecutive to bronchial influenza from which he seemed to be recovering. He had a long and distinguished service as

Surgeon in the Army, entering in 1846, serving in the West Indies and Canada. Then, being appointed to the Coldstream Guards, he served in the Crimean War for a year. He was an intimate friend of Captain Hedley Vicars and other christian officers. In 1879 Dr. Cay retired on a full pension with the rank of Surgeon-General. Having warmly adopted homœopathy, to which system he owed his life in a dangerous illness he incurred in the Army, Dr. Cay practised in various towns, sometimes as *locum tenens*, sometimes independently, always with popularity and acceptance, and everywhere conducting Christian Mission work. In 1886 he acquired the practice of Dr. Collins, in Leamington, which, later on, Dr. Collins re-purchased from him. Dr. Murray Moore was invited by both Dr. Collins and Dr. Cay to settle in Leamington and work up a practice which had fallen away considerably, in the autumn of 1906. In this task he is succeeding. Dr. Cay's funeral took place on Thursday, January 2, and the military element was introduced, very appropriately, by the attendance of a bugler of the Coldstreams, who sounded "The Last Post" over the gallant soldier of the Cross who had served his Queen and country for twenty-five years.

His help in religious meetings, his fervent and appropriate prayers, and his earnest preaching of the Gospel will be much missed in Leamington and the vicinity. Our sympathies go out to his widow (the second Mrs. Cay), and orphan daughter, Mrs. Henderson. "The memory of the just is blessed," and this will be their comfort. The moral and professional support given to Dr. Moore in the past year by Dr. Cay had been very much appreciated and valued. A Memoir of our friend will appear in an early number of *The Christian*, we understand.

*Leamington Spa*, January 11, 1908.

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#### DR. C. E. WADDINGTON, BRADFORD.

WE regret to announce the death of Dr. Charles Edwin Waddington, which took place on December 10, at Bradford. So long ago as in June last, Dr. Waddington's health broke down under the strain of overwork, and the means since used

for his restoration to health were, unhappily, unsuccessful, and he passed away as already stated, aged 52.

Dr. Waddington was born at Boldersby, near Ripon, and was the fourth son of the late Mr. Titus Waddington. The family being attached to the Society of Friends, he was educated at Rawdon School. Entering the Leeds Medical School in 1887, he graduated in 1891, and in the same year qualified as M.R.C.S.Eng. and L.R.C.P.Lond. He established himself in the Manningham district of Bradford, and in the course of a few years gained considerable repute as a homœopathic practitioner. Skilful, thorough, and in temperament most genial, he was a man to make strong attachments, and among his patients he was a kindly friend as well as a doctor. His practice was more than ordinarily exacting, for he had many patients living at a distance from the city; but he was possessed of great energy, which he devoted unsparingly to his profession.

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### Special Review.<sup>1</sup>

*The Major Symptoms of Hysteria.* By Professor Janet, Professor of Psychology in the Collège de France, Director of the Psychological Laboratory in the Clinic of the Salpêtrière. London: Macmillan and Co.

PROFESSOR JANET, who already enjoyed a European reputation as a psychologist, was invited by the authorities of Harvard University to give a special series of lectures in pathological psychology, on the occasion of the opening of the new buildings of the Medical School. The result was fifteen lectures, now republished in book form, under the somewhat non-representative title of "*The Major Symptoms of Hysteria*," giving successively, in an English dress, the marvellous researches and independent views of the distinguished author in the department of pathological psychology.

The book is fascinating in the extreme, and holds the

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<sup>1</sup> It is intended month by month to present a review of some recent work in the sphere of general medicine of interest in the practice of the physician. The next Special Review will be of the work on "*Alcohol*," by Victor Horsley and Mary Sturze.

reader from cover to cover. It is epoch-making to those who read, mark, learn, and inwardly digest it, conveying the latest results of the modern French School, who have made this subject their own. Representing the Post-Charcotian stage, and devoid of some of the errors and extravagancies of the earlier work, it affords an interesting application of the scientific method to the oft-time complicated facts of hysteria.

Professor Janet starts with the enunciation of certain fundamentals. He insists *imprimis*, that the problem of hysteria is essentially one of psychological pathology; "one of the greatest misfortunes of patients is that hysterical affections are only well characterised from the [psychical] point of view, which usually is not examined at all; that they are very badly characterised from the physical point of view, and that they are uncommonly similar to all kinds of medical or surgical affections, for which they are easily mistaken."

The next fundamental is the underlying unity of all hysterical phenomena, however varied or atypical or ill-developed. "We are quite unable to understand, to express in formula and law, what an insane person feels; we can hardly connect together by general laws the different facts observed in melancholic delirium, or the delirium of persecution. On the contrary, the various incidents of hysteria, though so different in appearance, are easily brought close to one another owing to common characters." The whole of the book is practically devoted to the development of a unifying factor, bringing all the diverse phenomena of hysteria to a lowest common denominator. The typical hysterical fit, hysterical somnambulism, contractures, paralyses, anaesthesias, troubles of vision and of speech, double personalities—all these are shown to be linked up into a compact unity, as the common origin of each is traced.

This fundamental is psychological in type, pathological in character. It consists of the dis-sociation, the splitting up, of consciousness; more or fewer ideas, or emotions separate from the totality of consciousness, constitute a separate whole and have an independent development. In typical instances these separate divisions of consciousness alternate; they are mutually exclusive; and the lesser, split-off division, develops in intensity and becomes enormously more vivid, to compen-

sate for the paucity of its psychological elements. That is the developed hysterical state, or "accident," as it is curiously translated.

Charcot took the view that the hysterical fit was the most important element in the disease ; Janet, in the light of fuller knowledge, holds that the hysteric somnambulism is the most characteristic symptom of the malady. This word "somnambulism" is by no means the best word to decide the typical hysterical state ; it connotes the idea of sleep ; whereas in hysterical somnambulism the patient is often very much awake, even if it be only the detached part of the total consciousness that functionates. Here is one of Janet's cases, somewhat condensed :—

"It is the common story of a young girl, aged 20, Irene, whom despair, caused by her mother's death, has made ill. The poor woman had reached the last stage of consumption ; death came slowly, with suffocation, blood-vomiting, and all the frightful procession of symptoms. After the mother's death, she tried to revive the corpse, to call the breath back again ; then, as she put the limbs upright, the body fell to the floor. You may picture to yourselves all that frightful scene. Soon after the funeral, curious and impressive symptoms began. The crisis lasts for hours ; the young girl acts again all the events that took place at her mother's death. Sometimes she only speaks, relating all that has passed with great volubility ; sometimes she only sees the sight, looking with frightened face on the various scenes, and acting what she sees. At other times she combines words and acts, and seems to play a very singular drama. She carries on the idea of death, and makes everything ready for her own suicide ; she fancies she will try to be run over by a locomotive. At last, the agitation seems to wear out, and, gradually or suddenly, the patient comes back to her normal consciousness, and takes up her ordinary business, quite undisturbed by what has happened."

This, in Professor Janet's teaching, is typical hysteria, in a simple form ; all other manifestations of hysteria are more complex or less complete than that here cited. Such a somnambulism exhibits, in an uncomplicated state, the elemental character of the hysterical attacks. "They happen as if an

idea, a partial system of thought, emancipated itself, became independent, and developed itself on its own account." How does this explanation apply to the diversified manifestations of hysteria, acute and chronic?

The chapters of this book are mainly occupied in considering the principal manifestations, studying their clinical aspects, and applying the psychological key. A brilliant analysis is given in the section entitled "The Psychological Conception of Paralysis and Anæsthesias." Here Professor Janet points out that anæsthetic areas often exist, unknown to the patient; that is, the area they involve is not represented in daily consciousness. "There is a pathological incapacity to collect the elementary sensations in a general perception." So with hysteric paralyses; there is no sensation set up by the palsied limb; there is an indifference to the presence of the extremity on the part of the patient; its afferent impulses do not enter into his normal consciousness.

This, the barest form of psycho-pathological dis-sociation, culminates in its fullest development as "multiple personality." The treatment of this subject by Janet is replete with moving incident, from beginning to end. Condensed, this is one of the notable cases:—

"Felida, in 1858, had been already ill for three years with various hysteric disturbances. Her sufferings had changed her character for the worse; she had become a reserved, timid, melancholy person. There appeared from time to time a very strange phenomenon: she seemed to faint away for a very few minutes, then she would wake up suddenly, become gay and active, bustle about, having no longer the painful sensations or anæsthesias as before, and in general seemed in much better health. At first these periods of comfort would only last a few hours; she would have another syncope, and wake again in the original state, with all its infirmities. One thing more: in the 'normal' state she had quite forgotten the hours filled by the state No. 2; this period was for her as if it did not exist.

"During the greater part of her life these two periods alternated: in time the second period, the better one, during which she had a total memory, encroached upon the first and filled almost the whole of her life. Henceforth, the former



state would recur, but only for three or four days ; then her life was intolerable, she had forgotten three-quarters of her existence, and this gave rise to the most comical situations."

The general conception of hysteria as psycho-pathology is worked out in clinical detail, and verification made from the ample resources of Professor Janet's practical experience. Much is not hysteria that masquerades as such. Beware of crises of violent agitation in which there is no loss of consciousness, and of which the subject keeps an accurate remembrance. Do not inconsiderately call that hysteria ; it is nearly always something else." The psycho-pathological theory is not beyond criticism, and its weak points have been ably canvassed elsewhere by Dr. Ormerod ; but it represents the high-water mark of the scientific study of this elusive affection, and as such requires careful consideration at the hands of the physician.

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### Reviews of Books.

*Lloyd's Family Doctor.* Printed and Published by the Proprietors of *Lloyd's Weekly News*, 12, Salisbury Square, Fleet Street, E.C. Price 6d. net.

The object of this volume, we are told, is to serve as a plain and practical guide to the detection of disease and its inroads, and to the simple home treatment of illness, where such a mode of medication is applicable. It aims at effecting in public education and in the recognition and treatment of disease, the same admirable teaching which "first aid" or ambulance work presents in the case of accidents and emergencies. The writer of the book is the well known Dr. Andrew Wilson.

We confess we have little love for such productions, though the book before us is an excellent example of its kind. It is certainly very compact and comprehensive, and so far as the writer deals with hygiene, dietetic and general management, we have little fault to find. In regard to the medicinal treatment it is different, as is to be expected ; except, of course, in so far as Dr. Wilson poaches on homœopathic preserves, *e.g.*, aconite in simple fever, and in the early stage of tonsillitis, though even here we would suggest, for

the patient's sake, that the dose be markedly diminished. The "anti-toxin treatment," too, is a crude form of homœopathy. We are rather astonished, however, that Dr. Wilson does not recommend brewers' yeast in the treatment of boils and acne; this remedy is simple and often very effectual, and within the reach of the very poorest.

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*A Manual of Vegetarian Cookery.* By George Black, M.B.  
Edin. London: Horace Marshall and Son.

This book, by our colleague Dr. Black, of Torquay, comes at a time when the trend of public opinion is undoubtedly towards simplification of diet, with increased use of fruit and vegetable foods. Without avowing themselves vegetarians, many people, of their own inclinations, or under medical advice, adopt "purin-free" diets, with marked benefit. The old idea that strength depends on butcher's meat is almost exploded. We call to mind the fact that when in the early Victorian era British navvies employed on new railway contracts astonished the world by their enormous working powers, their diet consisted of bread and cheese and onions. At the present day their degenerate descendants do less than half the work per diem on heavy meat dinners, and would join the ranks of the unemployed if required to fare as did their more stalwart grandfathers. So far the vegetarian movement has chiefly affected the middle and upper classes, but there are signs that even working men are beginning to discover that they can work better on less meat and more fruit. This little manual, at the price of only a shilling, will prove of great value to all who are seeking health and well-being in this direction. It consists chiefly of a series of nearly fifty menus, of a simple and inexpensive character, with directions for the preparation and cooking of each dish. The condimented preparations of so-called "high-class" vegetarian cookery are studiously avoided, all those given being simple and wholesome. Perhaps the most interesting feature of the book is a complete diet table of three meals a day for six days, which was served during a particular week under Dr. Black's supervision at Dartmoor House, Belstone, near Okehampton, which was then used as a private sanatorium by the author. Credit is due, as stated in Dr. Black's preface,

to Miss Densham, to whose skill in cookery during her residence at Dartmoor House much of the success achieved by various dishes devised by Dr. Black is due. And this touches the weak point of all vegetarian diets and systems. Good cooking is essential. The slovenly, half-raw and half-burnt chop, which has to satisfy the average town feeder, cannot be replaced by vegetarian dishes equally spoilt. These must be carefully and thoroughly cooked, or they not only fail to satisfy, but produce intestinal fermentation and much discomfort. We know of well-to-do people who, having derived great benefit from vegetarian fare, desired to continue it, but a change of cooks rendered this impossible, since no average plain cook succeeded in preparing the dishes, simple as they might be. But with Dr. Black's manual no painstaking person ought to fail in cooking, and this, we think, will prove the chief value of the book before us. Amongst the working-classes no greater hindrance can exist to the progress of a simplified diet than the bad cooking of the so-called vegetarian restaurants of our great cities, it is seldom that a city clerk or workman can obtain even a potato boiled properly. These difficulties will not be overcome until a School of Vegetarian Cookery is established, ready to train and supply cooks able to carry out intelligently Dr. Black's directions and to send them out at ordinary and reasonable wages. Without following our colleague in his belief that everyone would be the better for vegetarian feeding, we admit that many would be, and that most people would be better for very much less animal food than they now consume. As an able and honest attempt to promote more wholesome diet we welcome and recommend the book before us.

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*The Elements of Homœopathic Theory, Materia Medica, Practice and Pharmacy.* Compiled and arranged from Homœopathic Text-books. By Dr. F. A. Boericke and E. P. Anshutz. Second Revised Edition. 218 pages, cloth, \$1.00 net; postage 5 cents. Philadelphia: Boericke and Tafel. 1907.

This book is written for the lay homœopath, and as it has already reached its second edition it evidently supplies

a want. The contents are divisible into three parts. The first part gives a short account of Hahnemann and of the origin of homœopathy and its methods; a notice of the proving, dosage and potency of drugs and some words concerning their pharmacy, and a list of homœopathic books, principally American, which may be studied for those wishing to pursue the subject further. As the list includes Dr. Allin's "Encyclopædia and Handbook," Hering's "Guiding Symptoms and Condensed Materia Medica," and Jahr's "Forty Years' Practice," we may perhaps consider that the authors have not only the lay homœopath in mind but hope that their book may fall into the hands of some of their allopathic colleagues who are ignorant of homœopathy and may whet their appetites for a further study of it.

The second part of the book is a short therapeutic dictionary of the principal ailments and the medicines most often used in them. The third part is a very abbreviated *Materia medica*.

The book is of a size that can be carried in the pocket, is well got up, and will be useful for the layman living in out of the way places who wishes to treat himself, his family or his neighbours when a doctor cannot be readily obtained.

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*How to Take the Case and to Find the Similimum.* By E. B. Nash, M.D., author of "Leaders in Homœopathic Therapeutics," "Leaders in Typhoid Fever," "Regional Leaders" and "Leaders in the Use of Sulphur." 55 pages, cloth, 50 cents net. Postage, 3 cents. Philadelphia : Boericke and Tafel. 1907.

Dr. Nash in his preface says : "I have been questioned as to my method of selecting the remedy. This little book is the answer." He gives two ways of setting to work. By the first method he takes the symptoms under the successive headings of location, sensation, modality, cause, constitution and temperament. By the second method he takes them under the two headings of generals and particulars. To make his meaning clear he illustrates each heading by giving some of the principal conditions likely to occur under that heading, with the drugs applicable to them. For instance, under the

section location we read : " Is there a pain in the right upper chest ? *Arsenicum* acts characteristically there. Right middle chest ? *Belladonna*, *sanguinaria*, *calcareo ostræarum*, &c. Lower right ? *Chelidonium*, *kali carbonicum*, *mercurius*. Left upper ? *Myrtus*, *pix liquida*, *theridion*, *sulphur*, *tuberculinum*, &c. Left lower ? *Natrum sulphuricum*, *phosphorus*. To show the method by generals and particulars he takes a case giving side by side the generals and particulars as expressed by the patient and their corresponding symptoms found in the repertories. Dr. Nash seems to indicate that each symptom should be looked up in a repertory and its remedies jotted down and that a numerical estimation should be made at the end as to which remedy covers most symptoms. In the case taken the result came out as follows : *Phosphorus* 79, *nux vomica* 77, *sulphur* 74, *pulsatilla* 70, &c. Dr. Nash would take the first seven in order of merit for further comparison, not necessarily choosing the drug which has the highest number attached to it, but weighing the symptoms as to the degree in which they are characteristic and peculiar.

This is no doubt the ideal method of choosing the similimum, but it involves much time and labour and we agree with Dr. Nash that it is worth \$25 to \$100 to make the first study of a difficult case in this way and mark out the line of treatment. Unfortunately, the public has not yet been educated to the point of giving a physician a £20 note for a prescription. But if the prescription has cost the physician many hours labour in searching out the similimum and cures the patient of a serious and long lasting disease, it is quite as reasonable that he should receive a fee of this magnitude as it is for the surgeon to receive one of the same or much higher value for the no greater trouble of performing an operation. It is worth as much to the patient.

The book is a slight one but bears the impress of Dr. Nash's individuality, and is well adapted to what is no doubt its object : to put beginners in homœopathy in the right way of taking the case and choosing the similimum.



## Notices, Reports, &c.

### BRITISH HOMŒOPATHIC SOCIETY.

THE fourth meeting of the Session was held at the London Homœopathic Hospital on Thursday, January 2, 1908, at 8 p.m. Dr. A. SPEIRS ALEXANDER, the President, was in the chair.

Hobart John William Barlee, M.D.Lyons, 1896; L.S.A., 1907, Edinburgh, was elected a member of the Society.

William Percy Purdom, M.R.C.S., L.R.C.P.Lond., 1906, of the London Homœopathic Hospital, was proposed as a member by Dr. C. Granville Hey, and seconded by Dr. Edwin A. Neatby, and will be balloted for at the next meeting.

Dr. C. E. WHEELER exhibited a case of bony tumour of the pelvis. This was a case shown to the Society a year ago, and was a bony tumour in a middle-aged man, springing apparently from the right iliac bone, and which on first coming under treatment was as large as a foetal head at term. He had been under continuous treatment by *symphytum*, with the result that the bony growth had disappeared, leaving only some thickening along the iliac crest. There were the scars of two sinuses over the outer part of the hip, which had formed and discharged a thin pus soon after the commencement of the treatment. No dead bone had at any time been felt. The patient is now in all respects in good health.

Dr. M. LE HUNTE COOPER then read a paper entitled "Curative Force and its Scientific Induction." Taking as his premiss the principle that in treating disease we must not endeavour to act directly on the disease itself, but must endeavour to arouse the system to exert the forces which it possesses to antagonise disease, Dr. Cooper contended that these forces, once set in motion, continued to act for an appreciable time, and that their action ought not to be interfered with by too early a repetition of the stimulus which called them forth. Hence the advisability of the single dose, repeated only after a considerable interval and after the reactive force elicited by that dose had spent itself. To illustrate the efficacy of this method of treatment, Dr. Cooper

showed a case of a little girl who had been cured of tubercular peritonitis by the administration, mostly at fortnightly intervals, of unit doses of *scrophularia nodosa*, mother tincture. He then related in great detail the history of a remarkable case of colloid cancer of the omentum in a lady who had been under Dr. Bland-Sutton, who, on operating, found it quite impossible to remove the growth which filled the abdomen, and closed the wound. She then came under Dr. Cooper's care, having apparently only a few weeks to live. He at once gave her a dose of *lobelia erinus*, which caused abdominal pains for a few days and set up a copious evacuation from the bowels, whereas she had been troubled with obstinate constipation. A second dose was given seventeen days later, and thereafter doses were given at intervals of from ten to twenty days. The tumour diminished rapidly in size. About two months after commencing treatment, the temperature fell to 95° and collapse was imminent, but from this she was rescued by doses of *carcinosin* 100, given on the supposition that the symptoms were due to the system being overtaxed in its endeavour to remove the morbid material shed into the blood-stream from the shrinking tumour. The *lobelia erinus* was resumed with further diminution of the growth, but, unfortunately, a second collapse at the end of four months' treatment proved to be fatal, the patient dying quite suddenly. Dr. Cooper considered that the case was a warning against repeating the dose too frequently, and that if a longer interval had been observed the result might have been different. The effect of the drug on the tumour was undoubted and remarkable.

Drs. SPIERS ALEXANDER, CLARKE, MOIR, BURFORD, GOLDSBROUGH, and NEATBY took part in the discussion.

Dr. F. A. WATKINS then read the concluding portion of his paper on "Acidity of the Urine," the first part of which had been read at the December meeting. The paper was a highly technical one, and dealt with a more accurate method of estimating the acidity of the urine, and the advantage of estimations by ratio rather than by quantities. He concluded by narrating several cases in which symptoms attended by deficiency of acid ratio were removed by the administration of *phosphoric acid*.

The PRESIDENT and Drs. DUDLEY WRIGHT, DAY, and BYRON MOIR carried on an interesting discussion.

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#### LONDON HOMŒOPATHIC HOSPITAL.

THE Earl Cawdor, as Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received the sum of £2,000 from Lord Dysart, in fulfilment of his promise, towards the £30,000 required for the extension of the Hospital on its own freehold site.

The Earl Cawdor has also received, for a like reason, the sum of £10,000 from Sir Henry Tyler.

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#### BRITISH HOMŒOPATHIC ASSOCIATION ESSAYS ON HOMŒOPATHY.

THE Essay Committee of the British Homœopathic Association have made their final selection, and have awarded the prize to the writer who styles himself "Not Argument but Effort shall Decide." That fourteen Essays should have been sent in, one of them not for competition, is satisfactory, and shows that some interest was taken in the matter. Though each essay has its good points, none were fully up to requirements, and some showed distinct signs of haste in their construction. The one chosen is the most satisfactory of all, and promises to be, with some revision, which the writer has undertaken, a useful and readable pamphlet.

By its publication the British Homœopathic Association hopes to bring before all those who, not content with whatever is, strive for better things, a true and clear statement of a subject of vital importance to each and all of us.

A second prize is offered for the essay of "Magna est Veritas et Prævalebit," who is requested to be so kind as to communicate with the Honorary Secretary of the British Homœopathic Association. The remaining essays are being returned to their writers.



### NOTICE TO CORRESPONDENTS.

\*.\* *We cannot undertake to return rejected manuscripts.*

**All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.**

**AUTHORS and CONTRIBUTORS** receiving proofs are requested to correct and return the same **as early as possible** to Dr. MCLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30 a.m.; Out-patients, 2 p.m. daily); SURGICAL, Out-patients, Mondays, 2 p.m., and Saturdays, 9 a.m.; Thursdays and Fridays, 10 a.m.; Diseases of Women, Out-patients, Tuesdays, Wednesdays, and Fridays, 2 p.m.; Diseases of Skin, Thursdays, 2 p.m.; Diseases of the Eye, Mondays and Thursdays, 2 p.m.; Diseases of the Throat and Ear, Wednesdays, 2 p.m., Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9 a.m.; Diseases of the Nervous System, Thursdays, 2 p.m.; Operations, Tuesdays and Fridays, 2.30 p.m.; Electrical Cases, Wednesdays, 9 a.m.

Contributors of papers who wish to have reprints are requested to communicate with the Publishers, Messrs. BALE, SONS AND DANIELSSON, LTD., who will make the necessary arrangements. Should the Publishers receive no such request by the date of the publication of the REVIEW, the type will be broken up.

All books for Review should be sent to the Publishers.

Papers and Dispensary Reports should be sent to Dr. MCLACHLAN, 3, Keble Road, Oxford.

Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from Dr. ROBERSON DAY (London), Dr. C. E. WHEELER (London), Dr. ALEXANDER (Southsea), Dr. MAHONY (Liverpool), Dr. C. OSMOND BODMAN, Dr. PROCTOR (Birkenhead), Dr. BERRIDGE (London), K. P. GANGOULY (India), Dr. J. H. BODMAN, Dr. NEWBURY, Dr. WYNNE THOMAS, Dr. CAPPER (Leicester), Dr. J. MURRAY MOORE (Leamington Spa).

### BOOKS AND PERIODICALS RECEIVED.

*St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate,* No. 1.

# THE BRITISH HOMOEOPATHIC REVIEW.

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MARCH, 1908.

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## Editorial Notes and News.

\* The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

Two valuable papers have appeared on this very important subject: one by Dr. **Rheumatism in Children.** Poynton in *The Journal of Preventive Medicine* for July, 1905, and the other by Dr. Hawthorne in *The British Journal of Children's Diseases* for March, 1907. Both are well worth careful perusal by those who have the charge or oversight of children. Valvular and other forms of organic heart disease are appallingly frequent, and it is necessary to be on the watch for rheumatic manifestations in children burdened with a known rheumatic inheritance. This is all the more important because there may be few or no symptoms calculated to awaken suspicion in the minds of the parents that serious mischief is on foot—perhaps only some slight feverish condition, too trivial to send for the doctor, such as a headache or a slight sore throat. It must never be forgotten, too, that scarlet fever is a definite cause or forerunner of rheumatism. Unfortunately, by both parents and teachers the headaches, irritability and irregular movements of early chorea are put down to “naughtiness.”

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### **Rheumatic Manifestations in Children.**

MANY conditions are now known or believed to be “rheumatic,” the rheumatic nature of which was previously unsuspected. Such conditions are specially frequent in the early years of life, e.g., chorea, “growing pains,” erythema,

tonsillitis, some forms of pleurisy, subcutaneous nodules, slight pains in the joints, and other less common conditions. In adults the disease expresses itself as an acute polyarthritis for the most part, otherwise better known as "rheumatic fever." Even the "man in the street" knows how frequently rheumatic fever damages the heart, but it is possible, even probable, that in children the risk of organic disease of the heart is greater than in the adult, even though the rheumatism occurs in non-arthritic forms. In the adult form the patient must perforce take to his bed, and thus secure complete and sustained rest; but in the child the pain is often so slight, even during the active phase of his disease, that he escapes the complete and prolonged rest which would save his heart. Another circumstance likely to deprive the little sufferer of the necessary rest is the advent of the dreaded "school-board man," unless the parent is protected by a doctor's "certificate."

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#### **Chorea in General.**

THIS is regarded as a manifestation of rheumatism, and rheumatism defined as a general infective process due to the presence of a micro-organism (the *Diplococcus rheumaticus*) or its toxins. It may be, however, that other micro-organisms play a part in its production. Its usual *signs*: (1) Incoördination of muscular movements; (2) emotional and mental phenomena; and (3) paralytic symptoms, sometimes of hemiplegic character, with or without aphasia ("dumb chorea"). It is *associated with* (1) cardiac troubles; (2) articular troubles; and (3) "rheumatic nodules." The forms of *heart trouble* met with are (1) chorea cordis, simple irregularity, like the incoördination of other muscular movements; (2) acute dilatation, especially of the right side, due to myocarditis; (3) endocarditis, with systolic murmur at apex, or mid-diastolic mitral murmur—resembling reduplication of the second sound—at apex; (4) pericarditis. This last is the worst of all, for all the worst "accidents" in chorea are associated with it, *e.g.*, pneumonia, hyperpyrexia, &c. The *knee-jerk* varies; it may be (1) normal; (2) increased; (3) absent; (4) what is known as the "hung up" in character. In all cases of cardiac complications in chorea, the child should be put to bed for *at least* six weeks.

**Sydenham's  
Chorea.**

THIS is the usual form, and is called by Sir Dyce Duckworth "rheumatism of the brain." It is a disease of childhood and youth, and much more common in girls than in boys. It is exceedingly common among poor children in large towns. That it is closely associated with rheumatism cannot be doubted, for it is often complicated by endocarditis, especially the mitral form, and is often followed by chronic valvular disease, more especially mitral stenosis. Children thus affected are likely to be ill-developed. The prognosis is bad, as it so quickly tells back on the lungs and venous system. Fatal cases are further often complicated with both endo- and pericarditis. A further proof of the association of chorea with rheumatism is given by Drs. Poynton and Payne, who have shown that the same micro-organism (the *Diplococcus rheumaticus*) which is the cause of acute rheumatism is present in the cerebral lesions of chorea.

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**Characteristics  
of the  
Rheumatic Child.**

SUCH children are usually bright and intelligent; alert, keen, emotional, attractive, and often highly nervous. They are the teacher's favourite pupils — the "show" scholars. Whether in play or at work, they are apt to go to extremes. They tire themselves out in play or work, have headaches, and even when they go to bed they cannot sleep because the body or brain is too tired, or because they are afraid in the dark and are worried by dreams and nightmare. Thus the general health fails, and headache, which is often an early symptom of chorea, comes on. The power of attention fails, and concentration is impossible. The lessons become difficult; the child worries over them, dreads them, dreams of them, and chatters of them in her sleep. Then comes the fully-developed form of chorea. Some of us meet with such cases every day, and do our best to protect them, but in dispensary practice this is difficult. It is one of the saddest sights I know to watch such infants (for often they are little more) in their delirium, chattering in evident terror of their dreaded lessons. Such sights make one abhor our Education Acts and all their works.

THE public is not yet sufficiently alive **Gangrene from** to the danger of using *carbolic acid* as a **Carbolic Acid.** local dressing to wounds. An instance of this is reported by Dr. Firth, House Surgeon of the West London Hospital, to the *Lancet* of January 11, 1908. A thin, anæmic girl, aged 16, while at work on November 20, 1907, ran a wooden splinter under the nail of the right ring finger. It was extracted, and a carbolic compress of uncertain strength applied at the factory where she was working. It remained on twenty-seven hours, and on removal the finger was found to be cold, white, and anæsthetic. Three days afterwards it began to be discoloured, and two days later still the skin over the last two phalanges was black and insensitve, being in a state of dry gangrene with a well-marked line of demarcation. It was eventually found necessary to amputate the finger at the metacarpophalangeal joint. Possibly the application of a compress moistened with *tincture of iodine* at an early stage would have averted the catastrophe. (See BRITISH HOMŒOPATHIC REVIEW, vol. i., pp. 521-523).

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**Electric  
Anæsthesia.**

THE *Standard* of February 6 contains an account, by its special correspondent, of experiments conducted in Dr. Leduc's laboratory at Nantes to procure anæsthesia by means of an electric current. Dr. Leduc does not feel that his methods are yet sufficiently perfected to enable him to recommend electric anæsthesia for hospital or private patients, but he has obtained valuable results.

A number of operations have been performed on animals, chiefly rabbits and dogs, while under electric anæsthetisation, and Dr. Leduc himself has undergone partial anæsthetisation by these means. In his experiments on animals he commences with a very low tension current, furnished by accumulators of electro-motive force of four volts, and giving a current of four-fifths of a milliampère. The essential point is that this current is interrupted 100 times a second by means of an interruptor driven by a small motor, itself worked by an accumulator. Accumulators are used instead of currents from the main, as those are not sufficiently steady, and the

slightest variation in the current gives a troubled anæsthesia. In the experiments on Dr. Leduc himself the electro-motive force was finally raised to 35 volts, and the intensity in the interrupted current to four milliampères. The electrodes are metal plates about 8 centimetres square, and are applied to the skin through cotton dipped in a saline solution. The anode is applied to the spine and the kathode to the forehead. It appears that the power of speech goes first, then the powers of movement, will, and sensation, in the order named. It is not till sensation has been entirely suppressed that the heart and lungs are affected. On opening the circuit recovery is immediate, one experiences no after-effect except a feeling of health and physical vigour. Anæsthesia can be maintained for hours with the same complete and immediate recovery on opening the circuit. The sensations on going off, as experienced by Dr. Leduc, are not quite pleasant; the stimulation of the superficial nerves is disagreeable, but this lessens after attaining a maximum, although the current is increased. There seems to be a difficulty in knowing when anæsthesia has taken place, as there is a stage when sensation is not abolished, while the motor centres are completely inhibited, and the subject is unable to react to even the most painful stimuli, and can no longer communicate with the experimenters. In the experiments on Dr. Leduc his colleagues, considering that inhibition was complete, stopped before consciousness and sensation were entirely suppressed. This difficulty must be surmounted before the method will be applicable to ordinary surgical work on the human subject.

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**Graduated  
Labour  
in Pulmonary  
Tuberculosis.**

Dr. PATERSON, Medical Superintendent of the Brompton Hospital Sanatorium at Frimley, discarding what has become the conventional method at sanatoria of treating patients, viz., by "opsonic treatment," open-air and overfeeding, has adopted a method of his own, reported in the *Lancet* of January 25, in which graduated exercise is employed as the principal therapeutic agent. Starting from the fact mentioned by Sir A. E. Wright in his lecture before the Harvey Society of New York, that auto-inoculations are produced in patients by active or passive

movements affecting an infective focus, and on the well-known fact that over-exertion will produce a rise of temperature in a tuberculous patient, such rise being the result of a auto-inoculation, he devised a series of tasks adapted to patients in various stages of the disease, sufficient to produce in them slight auto-inoculations, and so raise their opsonic index and increase the resisting power of the blood. A rise of temperature to 99° is regarded as a danger signal, and the patient is at once made to rest till it is permanently normal again. The grades of work are as follows: (1) Walking from  $\frac{1}{2}$  mile to 10 miles daily; (2) carrying baskets of mould or other material up a slope to a certain distance; (3) using a small shovel; (4) using a large shovel; (5) using a pickaxe for six hours a day, this last being equivalent to navvy work. It has been found that many patients can be gradually promoted to the heaviest work with advantage to their general health, and amelioration or disappearance of their pulmonary signs and symptoms. For three weeks before their discharge patients are made to work at their usual occupations and trades, so that their muscles may be brought into fit condition for immediate resumption of their normal life when they leave the hospital. Of 155 patients who had gone through all the grades, and had eventually performed the hardest work and been discharged by the end of 1906, 135 are still at work, 9 have not reported themselves, 9 are out of work, and 2 are dead.

The patients are given plain, ordinary food, very little milk, and no attempt is made to overfeed them; the standard of weight aimed at being a few pounds only in excess of the normal weight for the height. No medicines are given except aperients.

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**Erythræmia.** ERYTHRÆMIA is the name given to a recently discovered disease, first described by Vaquez, a Paris physician, and which has engaged the attention of Professor Osler, who gave a lecture on it at the Radcliffe Infirmary, Oxford, on November 28, 1907. The essential feature of the disease is the presence of a greatly increased number of red corpuscles in the blood. Instead of the normal 5 millions

to the cubic millimetre, the red corpuscles attain the number of from 9 to 13 millions. At the same time the specific gravity of the blood is raised and its viscosity much increased. As a result the patient's skin appears cyanosed or of a dusky purple hue, most marked in parts that are in a dependent position, as in the hands when the arms hang down, and in the feet and legs. Exposure to cold much increases the blue appearance, and warmth diminishes it. Sometimes pain accompanies the lividity, and there may be petechiæ. Another symptom present is enlargement of the spleen, the edge of which may reach almost to the iliac crest. Headache is common, and a sense of distressing fulness, with occasional attacks of vertigo. The blood pressure is usually high. In those cases on which an autopsy has been made there has been found an intense hyperplasia of the bone marrow. The cause of the disease is unknown, and no satisfactory treatment has been discovered.

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**B.H.A.  
Research Work  
Concert.**

WE desire to call the attention of our readers to the fact that a concert will be given on the evening of Tuesday, March 17, at the Æolian Hall, New Bond Street, in aid of the Research work of the British Homœopathic Association. The concert is being organised by Mrs. Lee Mathews; several artists have most kindly promised their services. The well-known actor and manager, Mr. Granville Barker, has promised to recite on this occasion. We heartily recommend this concert to lovers of good music, and all who are interested in the work of the British Homœopathic Association.

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**Sanatoria for  
Consumptives.**

THE publication of the report by Dr. Bulstrode to the Local Government Board on Sanatoria for Consumptives is of interest and importance to everyone connected with these institutions, and, indeed, to every general practitioner who treats cases of phthisis. The various theories as to the mode of infection in tuberculosis are thoroughly discussed and reviewed. These are chiefly four in number: (1) that of Cornet, that infection is produced by inhalation of dust con-



taining particles of dried sputum ; (2) that of von Behring, that infection is caused in infancy from tainted milk, followed by a long latent period ; (3) that infection occurs through the alimentary canal, from food on which dust contaminated by infected sputa has alighted. There is lastly the idea of infection from bovine sources in early adult life. Probably all these causes operate in measure in different cases, and under different conditions. The theory most difficult to substantiate is obviously that of von Behring ; though his deservedly high reputation would make one hesitate before rejecting the idea. The coming medical inspection of school children will be of importance in this connection.

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PERHAPS the most important and striking **Anti-tuberculosis Insurance in Germany.** feature of Dr. Bulstrode's report is his chapter on the German compulsory insurance system against consumption. From the facts narrated it is evident that this has exerted a notable effect in the diminution of phthisis in Germany. The system provides against the very factor that tends to increase the vigour and disseminate the germs of tubercle in England, namely, the poverty of the working man and his continuing to reside amidst and endeavouring to support his family until the disease has disabled him. In Germany this is not permitted. Every working man who is himself smitten, or has one of his family affected by tubercle, has a claim on insurance funds for his or their support and medical attendance. Should the head of the house be infected, the support of the whole family is provided for, whilst he himself is sent to a sanatorium. Thus infection is localised and removed, and the depressing mental effects of his family's poverty avoided, whilst the man himself is cared for until cured or otherwise. Three years after this compulsory insurance scheme came into force, a rapid and steady decline was observed in the death-rate from consumption in Germany. If our English politicians would give up squabbling over the "educational question"—which has nothing to do with education—and devote their mis-spent wits to introducing so beneficent a system into this country, how much suffering, tragedy, and premature death might be averted !

**Modern Treatment of Tuberculosis.**

WHILST on this subject, we may note an able article by Dr. Harlan Wells, of Philadelphia, in the *Hahnemannian Monthly* for January. It contains an excellent summary of modern ideas of pulmonary tuberculosis, also of the methods of treatment most in vogue in the States, not forgetting the value of homœopathic medication. There is not much for us to learn from American practices, which are excellent and up-to-date in every way. In diagnosis Dr. Wells lays emphasis on the value of the old tuberculin test, which he still uses and advocates. In our opinion the sooner this gives place to the comparatively harmless oculo-tubercular test of Calmette, recently referred to by us,<sup>1</sup> the better. The great importance of constant medical supervision in all cases is rightly insisted upon. In place of the three heavy meals usually advocated, the author favours somewhat lighter diet at meal times, supplemented by smaller feeds of milk, eggs, and biscuits between. Six raw eggs (= 480 calories) and two quarts of milk (= 1,300 calories) a day are employed. The 1,780 calories so supplied are almost equal to supplying the needs of an adult at rest, hence a large amount of super-alimentation is obtained by the additional ordinary diet. An adjunct to fat absorption is suggested by daily inunctions of *olive oil* and *coca butter* in the proportion of one to three parts; also an abdominal compress of flannel soaked in *olive oil* is recommended to be worn each night. Considerable fat is stated to be absorbed by these devices. In the section on homœopathic therapeutics a convenient arrangement is adopted of drugs into (1) constitutional remedies for the first stage; (2) constitutional remedies for the second stage; (3) remedies for chest symptoms. In the second group a notable place is allotted to *stannum*.

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**The Hahnemann Home, Bournemouth.**

WE give elsewhere an account of the Annual Meeting recently held at the Home, and congratulate our confrères on the flourishing condition of this Institution. Consumptive patients, in the early stages, are admitted for open-air treatment combined with homœopathic medication

<sup>1</sup> BRITISH HOMŒOPATHIC REVIEW, January, p. 13.

from all parts of the kingdom, a comparatively small proportion being supplied from Bournemouth itself. In this, as in all such sanatoria, the need of classifying cases and admitting them according to their chance of permanent cure is acutely felt. Cases of chronic phthisis, sometimes of six or more years duration, apply for admission and are received equally with those who have but just developed signs of tubercle. The latter may be cured, the former are usually incurable, and yet many curable cases are unable to obtain admission because beds are occupied by chronic cases. This is obviously retarding the power of the Home for good. And yet so long as subscribers can select their own cases for nomination, and these are accepted in order of application, no remedy seems feasible. No doubt a rule might be adopted giving the preference in order of admission to cases of under one year's duration, but this would probably offend some supporters of the Home who found their nominees declined. Nevertheless we are of opinion that some such attempt should be made to meet the difficulty.

**Permanent  
Patients  
in Sanatoria.**

THE rule by which all patients deemed suitable are admitted in order of application tends to produce that melancholy wastrel the "permanent patient." By this we mean cases of chronic phthisis who spend their lives going from one Home to another. They never get really better, and some do not wish to, but are content to drift about from one institution to another revelling in the lazy life, good food, and freedom from anxiety. We have known cases of this kind going on for six years and longer, who, owing to the multitude of charitable bodies from whom nominations can be obtained, are seldom out of a "home" for more than a week or two in each year. Nothing offends these patients more than to tell them they are improving. Their tubercular lung is the valuable asset which enables them to live comparatively luxurious lives at the expense of the charitable public, and, what is worse, to exclude other deserving and curable cases, for which our sanatoria are primarily intended, from treatment. Some such rule as we have suggested in the preceding paragraph would certainly diminish this abuse of our public institutions for consumptives.

**The Western  
Counties Thera-  
peutic Society.**

THE next meeting of this Society will be held at Clifton, Bristol, by the invitation of Dr. Nicholson, on February 26. It promises to be one of especial interest. The work of the British Homœopathic Association in advancing the cause of homœopathy is so well-known that any attempts in fresh directions are of especial value at the present time. The funds to be provided for professional education under the Gillespie Endowment, and the £5,000 left to the London Homœopathic Hospital and Medical School, render the present an appropriate time for discussing the looked-for advance in promoting efforts to educate the younger generation of medical men in the tenets of homœopathy. A paper is to be read at this meeting by the president of the Society on "The Dearth of Homœopathic Practitioners," to be followed by one from Dr. Burford on "The Problem of Homœopathic Professional Education—How to solve it?" We hope a record number of members will meet at Clifton to discuss these important papers, which we hope to reproduce in our April number.

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**Casumen.**

THE preparation known by this name, and spoken so highly of by Dr. Roberson Day in our last issue, is prepared at Motcombe, Dorset, by Prideaux's Pure Casein and Life Food Co. It is the proteid of milk in the form of light powder easily miscible in water and with all fluids. The value of cheese as food is known to all, but its indigestibility greatly limits its use. In casumen we have casein in a perfectly soluble form that can be digested by all, and is of special value in adding the proper quantity of proteid food in sickness to the ordinary invalid diet. Casumen is prepared from the richest milk in one of the most fertile English counties, and its manufacture is under the control of the Medical Department of the Home Office. Its great value as a food in phthisis has been proved by its use for some years past at the Hahnemann Convalescent Home, its addition in the proportion of a teaspoonful to each glass of milk being usually followed by a marked increase of weight in consumptive patients. The preparation deserves to be more generally known and used in cases of poor nutrition than it is. The *Lancet* has reported very highly upon its value and the high proportion of assimilable proteid contained therein.

## Original Articles.

### FADS.

BY THE SENIOR EDITOR.

THIS is an age of "fads." Now we have no objection to "fads," as such, for they have served a most useful purpose in the history of mankind and medicine. But what we do object to is the wholesale application of fads, with the most important ingredient left out, viz. : *brains*. "Fads," like the poor, are always with us : we have the "uric-acid-free diet" of Dr. Haig, "the open air treatment" of everything in general, the "open window" devotees, the "open door" (political), and the "hatless brigade." Some seem to regard uric acid as an adequate explanation of the origin of Evil ; others, like Dr. A. P. Luff, believe that "uric acid possesses no toxic properties worth speaking of."

At present, however, we will confine our attention to the "open window" and its natural result—draughts. By "a draught" we understand air in motion, in sensible volume, "coming at" a person through a hole. There can be no draughts, therefore, in the middle of an open plain ; there may be a gale or a hurricane, or a zephyr, soft as a lover's whisper, but there can be no draughts. For a draught to be, the air must come through a hole of some sort.

Some even healthy people, including the present writer, are peculiarly sensitive to draughts, though fond of the open air. To sit in a draught is, to such, acute misery, and usually means some days' illness ; to them a railway journey often means a "cold," if nothing worse. Now, there is an essential difference between draughts and ventilation properly so-called. Indeed, they have nothing in common ; the one is health giving, the other is death dealing. One cannot help pitying the poor little children at our large schools condemned to sit there, with cascades of cold air pouring down on the insufficiently protected heads and insufficiently fed bodies. No wonder they die, victims to ventilation, *falsely* so-called. But perhaps some one will say that here we have an illustration of the doctrine of the "survival of the fittest," for they are either thus made hardy, or "hardened stiff," as Mr.

Dooley would say. Of course much depends on the definition of "the fittest" adopted—whether, in fact, it is a matter of brute or brain, a magnificent savage or an educated rational being.

We have seen somewhere an old adage :—

"If wind blow at you through a hole,  
Make your will and sain your soul."

A better-known adage perhaps is : "It's an ill wind that blows no one good." A plentiful crop of respiratory affections caused by exposure to draughts, and therefore plenty of work for the doctor. But what if the doctor himself is the victim of the ill wind? Who then is the gainer? Some cynics would reply, "the doctor's patients."

Be that as it may, we would next enquire whether this sensitiveness to draughts is also "a mere fad." By no means. It is one of those "conditions" that must be taken into account in prescribing for a patient suffering from any chronic condition of ill-health. Further, that this is so is proved by the fact that there are medicines more particularly suited to persons showing this over-sensitiveness to draughts, such as *bell.*, *hep.*, *nux. vom.*, and *sil.*, and many others.

But there is also, I think, a possible physical explanation for the evil effects of draughts. When air is compressed it gives up heat, *e.g.*, when a jet of air is forced through a narrow tube. Any one who has "blown up" his bicycle tyres, must have felt the lower end of the pump in his hand grow hot. This is due to the compression of the air, and the compressed air yielding up its heat to the metal cylinder. But when the compressed air is free to expand again it takes up from surrounding objects heat equivalent in quantity to the heat it lost. This is probably *one* reason why a jet of cold air blowing on one is so apt to give rise to a chill, and one reason why draughts are often so disastrous. There are, no doubt, other explanations : the moving current of air, apart altogether from the question of compression or expansion, directly carries away the heat of the body, as well as giving rise to an increased and more rapid evaporation of the sensible and insensible perspiration. This rapid absorption of heat is also seen in a very much more exaggerated degree in the escape of compressed carbonic acid gas through a narrow nozzle, or

of liquid air, and of what concerns us in a more practical manner, the escape of oxygen from cylinders, such as is used so largely now-a-days. We would here mention a most useful suggestion by Dr. George R. Murray, of Newcastle, viz. : that the oxygen should be warmed by being allowed to bubble through a wash-bottle containing warm water, before it reaches the patient. This would serve the double purpose of warming and moistening the gas, and would also serve as an index to the rate at which the gas was escaping. The warmth and moisture would be of special value where oxygen was being given in cases of collapse and air-hunger from severe hæmorrhage, and prevent the abstraction of heat from patients whose vitality is already at too low an ebb. To warm and moisten the gas in this manner would rob the administration of nitrous oxide, for dental purposes, of its most unpleasant features—the cooling and drying of the throat—and that, too, a throat that cannot swallow.

The conclusion of the whole matter is that the principle of the “open window” and the “open air treatment” should be applied *with brains*, for here, just as in dietetics, one man’s meat is another man’s poison.

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#### THE RHUS TOXICODENDRON AND THE PRIMULA OBCONICA.

THE following interesting letter appeared in the *Spectator* of December 21, 1907. It forms such a valuable proving of *Rhus* that we make no apology for reproducing it in its entirety :—

##### THE POISON IVY OF CALIFORNIA.

[*To the Editor of the “Spectator.”*]

SIR,—Adherents of homœopathy are familiar with the label “*Rhus Tox.*” upon certain of their tiny bottles of pilules or tinctures, and are aware that it is supposed to be a remedy in some forms of rheumatic affection. The allopathists also occasionally employ a preparation of the *Rhus toxicodendron*, known familiarly as the “poison oak” or “poison ivy,” in the same cases. But those who obediently absorb tiny quantities of the prepared drug—with or without benefit—have probably no conception of the terrible and very peculiar pro-

perties of the plant itself, or of its extraordinary effect upon certain constitutions, which is exercised so mysteriously as to baffle all conjecture as to the precise method by which the poison enters the system of the sufferer.

The *R. toxicodendron* is one of the sumach family—all more or less “suspects” as possible poisoners in greater or lesser degree—and is a native of California, where it is very well known and properly dreaded, being usually given a very wide berth, as if its very breath were deadly poison, as was fabled of the upas tree. In point of fact all that seems certain about the upas of Java is that the juice of this tree is exceedingly poisonous; and the stories of its having caused death and devastation by its exhalations are said to have originated from its having been found growing in a valley into which opened one or more vents from surrounding volcanoes, whence issued carbon dioxide in poisonous quantity. The upas has been introduced into British hothouses with, apparently, no deleterious effect. As a secret poisoner the *R. toxicodendron* compares unfavourably with this record, and I have the strongest reason to believe that its mere exhalation is dangerous to certain persons.

Had the plant remained in its Californian wilds, or merely been imported to England for medicinal purposes, it would have scarcely been worth while to describe its possible effect, or to warn garden-makers or possessors against such an inmate. But some years ago a number of these sumachs were circulated amongst the public by a well-known nursery gardener in mistake for an ampelopsis, bearing the label *Ampelopsis Hoggii*. One of these plants came into possession of the writer, and was set to grow up the south side of the house. The leaves of this pretender were ternate, each of the three leaflets being about equal in size, slightly serrated at the edge, smooth and rather shiny. They turned in autumn to a golden colour, sometimes streaked with red, but far less brilliant in hue than the Virginian creepers, or *Ampelopsis Veitchii*. The plant had a strong woody stem, and clung to the wall by means of quantities of adventitious roots, like the ivy (doubtless by this habit acquiring its name of “poison ivy”), and it grew rapidly in this favourable situation, attaining within five years—during which time it remained unrecognised



—to the height of some forty feet, and extending many feet on either side of its main trunk. Although it seems to do best as a creeper or trailer, yet this sumach will grow without support in the open ground, and sends up strong shoots from its principal stem, forming a sort of low bush, which is so different in appearance from that of the creeper that I failed at first to recognise it on one occasion when meeting with it in this form in a friend's garden.

The effect of the poison of the *R. toxicodendron* upon certain constitutions is very severe, and several peculiarities are to be noted. Shortly, they are as follows: (1) The poison only acts upon a limited number of individuals, many people being perfectly immune; (2) the effect upon susceptible persons appears to be enhanced with every fresh attack, as if some of the poison were retained in the system, and even after the total removal of the cause slight attacks are apt to recur for a time; (3) the manner in which the poison enters the system is so mysterious that one is forced to the conclusion that the plant exhales a dangerous emanation of some sort. The last point will be made clearer by the following account of my personal experiences—for I suffered constantly during five years—before the cause of the trouble was discovered.

The first symptoms of an attack were almost invariably a redness and irritation of the eyelids, accompanied by slight shivers. Very rapidly followed swelling of the whole upper part of the face, with increasing and intolerable irritation. No matter whether the hands had touched the leaves of the poison-plant or not, they were never primarily attacked. In a few hours the swelling of the upper part of the face had reached its height, the eyes were closed, the features unrecognisable, and the skin covered with little blisters, as if scalded, which broke and discharged a painfully irritating exudation. Gradually the poison passed downward, and the lower part of the face became involved, the glands of the neck swelling enormously, as well as the lips and mouth. During four days this process was continued, the patient suffering from much general discomfort, and from depression of the heart's action and of the nervous system. By this time the arms and hands were reached, and in a bad attack every finger appeared as if

terribly scalded, and had to be separately bandaged, losing eventually all its skin. The same intolerable irritation accompanied the passage of the poison, and the general symptoms persisted. Finally, in severe cases, the lower limbs were sometimes slightly involved, and it is remarkable that there were often rheumatic pains in these and in the back; but as a rule the poison seemed more or less exhausted by this time, and in about ten days the attack was practically over, leaving the patient to grow a new skin and to recover from the painful effect upon the glands of the neck, and other distressing results of the poisoning.

It will be seen that the symptoms produced by the poisonous principle in *Rhus tox.* are very similar to those of an attack of erysipelas, except that there is no rise of temperature. In cases where the origin of the evil is undiscovered, the patient is generally supposed to be suffering either from some obscure and virulent form of eczema, from erysipelas, or from "blood-poisoning,"

A significant occurrence in one attack suffered by me must here be recorded. The usual course had been run, and the patient, now convalescent, was seated at the open window, around which, all unsuspected, the author of the evil was spreading its baleful influence, and, fanned by the breeze which blew gently into the room, was waving its innocent-looking leaves. Within an hour or so, and certainly without contact of any sort between plant and sufferer, the well-known irritation and redness in the eyelids appeared, the swelling followed, and the whole course of symptoms recurred in regular order and at the usual rate, without mitigation or any deviation from the ordinary march of events, such as might have been expected after the recent severe attack. This instance appears to furnish a clear proof that the poison is not necessarily introduced by contact, and also accentuates the fact that one attack does not confer the most transitory protection against a second.

In many gardening books one may find, under the head of sumachs, a mild warning that the juice of the *R. toxicodendron*, as also of *R. venenata*, or swamp sumach, is poisonous, but in one old technological and scientific dictionary, bearing the date 1874, the following remark is made: "*R. venenata*,

the poison sumach or swamp sumach, a native of North America, is exceedingly poisonous ; so virulent that it is said to affect some persons by merely smelling it." This is the only hint that I have been able to discover of a danger in the mere *vicinity* of a plant. Yet it appears important to recognise the fact, since, in several instances which have come under my personal observation, individuals have suffered in precisely the manner recorded above from the mere presence of this plant in their gardens, and without—as far as they were aware—any contact with it. In some cases the effects were far slighter—an unaccountable swelling of the face, with painful irritation, or an "attack of eczema" on face and arms ; and it is noticeable that *first* attacks were generally comparatively mild, whilst in those of longer standing the symptoms were usually greatly aggravated. In one instance known to me, where the attacks were called "virulent eczema," and were attributed to nervous exhaustion, the patient, being warned of the probable cause of these sufferings, summoned an expert from Kew, and the garden was searched, with the result that *R. toxicodendron* was found trained as a creeper about the verandah. In another case a leaf of the plant was sent to me for identification, with the result that, in spite of the fact that the leaf itself was not touched, a slight swelling of the eyelids was induced, with faint symptoms of the well-known poisoning—another confirmation of the point noted above as to increased susceptibility resulting from continued attacks.

I hope that the above description may not only prove useful as a warning to those who are in danger of suffering, and an enlightenment to those who have suffered, from this poison-plant, but that possibly it may induce some scientific or medical expert to investigate this rather interesting subject. The points requiring elucidation seem to be the manner of "infection" by this poison and the reasons for the following facts : (1) Increased susceptibility in successive attacks ; (2) regular order in the progress of the poison, beginning always in forehead and eyes and travelling downwards, whatever part may happen to have been in contact with the plant ; (3) very short period of incubation of poison, lasting generally a few hours as far as can be judged.

I am, Sir, &c.,

A SUFFERER.

This is a very valuable proving, and we are much indebted to "Sufferer." It is rather amusing, however, to find that he credits homœopathists with such abysmal ignorance of the properties of this powerful drug; but we feel that this assumed ignorance is by no means so abysmal as his ignorance of homœopathy. He seems to suggest that the extent of our knowledge is summed up by the label on the bottle. Further, what has the word "tiny" to do with the case? Wherein do three drops taken from a quarter-drachm bottle differ from the same quantity taken from a two-gallon jar? The only difference is that the former is so much more easily carried about than the latter. *Rhus*, he states, is "*supposed* to be a remedy in some forms of rheumatic affections." Yet he writes: "Finally, in severe cases, the lower limbs were sometimes slightly involved, and it is remarkable that *there were often rheumatic pains in these and in the back*" (italics ours). Had "Sufferer" put himself to the trouble to read up the literature of *Rhus tox.* from its first description by Cornutus, in 1635, to the time when it fell into the hands of Hahnemann and his followers, he would have discovered that his experiences were by no means so unique as he thinks. The late Sir Robert Christison says, concerning this plant: "The active part of this plant is extremely volatile, and the tincture of the fresh leaves, or an extract of the same, ought to be prepared *in vacuo*." The "blistering dew" of this plant has been long known, and we ourselves remember a case of a gardener in the Botanical Gardens, Edinburgh, thirty years ago, whose arms presented a perfect picture of vesicular erysipelas from working near the plant one summer's day in the early morning. At that time our knowledge of homœopathy was even less than that of "Sufferer," for he at least knows the *name*, whereas we did not know even that.

I do not think that homœopathy can be credited with the introduction of *Rhus* into the practice of medicine; but what it did do, as with so many other drugs, was to define its sphere; it defined the *kind* of eczema, the *kind* of erysipelas, the *kind* of rheumatism, the *kind* of cellulitis that *Rhus* will cure. But *how* it does it is just as mysterious as the precise method by which the poison entered the system of "Sufferer." But it *does* cure all the same; there is no supposition about that.

*Rhus* was first brought into practical use by Dufresnoy, a physician at Valenciennes, in 1798. At that date a young man was brought under his notice who had been *cured* of an herpetic eruption (*dartre*) on his wrist, of six years' standing, by being accidentally poisoned by this plant. He also reports seven other cases cured by the same plant; he further cured several cases of palsy (? paralysis). Dr. Alderson, of Hull, reports several cases of paralysis cured by the use of the dried leaves; others report similar cures. Fontana, in 1781, states that, having touched the leaves of the *R. toxicodendron* at different times and at intervals of several days, in four to six days after the eyelids and the extremities of the ears, and many other parts of the face, became tumefied, and appeared filled with an aqueous fluid. The intervals between the fingers became red and covered with little vesicles full of pellucid humour, and the epidermis fell off in small scales. Violent smarting of the skin continued for fifteen days, followed by insupportable itching for another fifteen days, and the pulse was inordinately agitated. Lavini, in 1825, applied the juice to his index finger, and left it there for two minutes. In about an hour it produced two small dark-coloured spots. *Twenty-five days* afterwards he was suddenly seized with great heat in mouth and throat, with rapid swelling of left cheek, of the upper lip and eyelids. It then spread downwards to his arms and legs. Many other cases might be quoted, but it is not necessary. We would recommend "Sufferer" to read up this plant in Hamilton's *Flora Homœopathica*, and in Hughes' *Cyclopædia of Drug Pathogenesis*; but above all, should he be so unfortunate as to suffer from rheumatism, to send for the nearest homœopathic physician.

Another plant that one always associates in one's mind with *Rhus* in this connection is the *Primula obconica*. In *The Hospital* (December 28, 1907) Dr. Louis E. Stamm records a case well worth our careful consideration. He is writing on dermatitis venenata, and after discussing the poison ivy and oak, *R. venenata* and *R. toxicodendron*, he says:—

"A recent case of dermatitis from poisoning with the *Primula obconica* is worth placing on record, both on account of the severity of the condition and also on account of the

length of time during which the patient suffered before the nature of the affection was detected. The patient was a lady whom I was first called in to attend in the early spring of the present year. She was then suffering from an erythematous rash over the face and hands. There was considerable swelling of the parts affected. The eyes were suffused and the eyelids oedematous. There were in addition small vesicles scattered about over the erythematous patches. The patient complained of an acute burning pain and great irritation. She gave the following history of the condition : She had had repeated attacks of a similar nature for the past year, but had been much freer from them during the recent winter months than through the previous spring and summer, when she suffered from the eruption almost continuously. When the trouble first appeared a year ago she consulted a doctor in her neighbourhood, and she was treated for erysipelas. The attack subsided only to recur, and she then sought advice at one of the London hospitals, and remained under treatment for several months. The condition was apparently regarded as eczema, and the patient was placed on a rigid diet and treated with lotions and physic.

"I accepted this diagnosis provisionally, and treated her in a similar manner, and as her temperature was raised somewhat I kept her in bed. The attack subsided in the course of a few days. As soon, however, as she was allowed to get about and resume her household duties she was again a victim to the trouble. This occurred two or three times, and it then became obvious that the attacks were due to some cause which did not operate as long as she was kept quiet and confined to her room. The fact that only the exposed parts of the body were affected suggested further some external irritant as the cause. I asked to be allowed to inspect the premises, and immediately discovered at the back of the house a small greenhouse full of the *Primula obconica* ! I then learned that the patient had first commenced to cultivate these plants in the previous spring, when she had her first attack, and as soon as she was allowed out of her room her first care and attention were given to her cherished plants. Needless to say, the plants were promptly confiscated, and the malady disappeared, and has not been heard of since."

ON A MICROCOCCUS APPEARING FREQUENTLY  
IN THE SPUTUM OF LUNG TUBERCULOSIS,  
OCCASIONALLY WITHOUT BACILLARY EVIDENCE OF TUBERCLE.<sup>1</sup>

By C. E. WHEELER, M.D., B.Sc.

*Assistant Physician to the London Homœopathic Hospital.*

DURING a period of years, when it was my duty to make frequent examinations of the sputum of sanatorium patients, I became familiar with the appearance of a micrococcus which appeared in about 5 per cent. or 6 per cent. of the cases in association with the tubercle bacillus. At first I took it to be the ordinary *Streptococcus pyogenes*, but presently noticed that, if it occurred at all, it was nearly always present in considerable quantity, and that it appeared as a diplococcus and not in chains. It stained readily with methylene blue, and the acid fast-tubercle bacilli stood out clearly against it, but it was apparent to me soon that the numbers of the cocci and of the tubercle bacilli were usually in inverse proportion. If there were many cocci, there would be few tubercle bacilli, if on another occasion the tubercle bacilli were more numerous, the cocci would be fewer. Of course there would frequently be cases with tubercle bacilli few or absent and no cocci, but when both were present there appeared to be an antagonistic relation between them. At this stage of my knowledge a medical colleague, who was at the time a patient at the sanatorium, described to me a coccus he had found in phthisical patients that I recognised for the one I was interested in, and some months later Captain Douglas found it in the sputum of a case at the sanatorium upon which he was advising us, cultivated it, and made it out to be Gram negative. To the best of my knowledge he has not published any further investigations on it, and as I have been able to trace its relations a little further, I publish them here without claiming any special priority in the matter.

In smears of sputum, made and stained in the usual way, the coccus appears well stained with methylene blue, generally in large groups. It is markedly a diplococcus. If the Gram staining reaction is applied it proves to be negative to it.

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<sup>1</sup> Read before the Cooper Club.

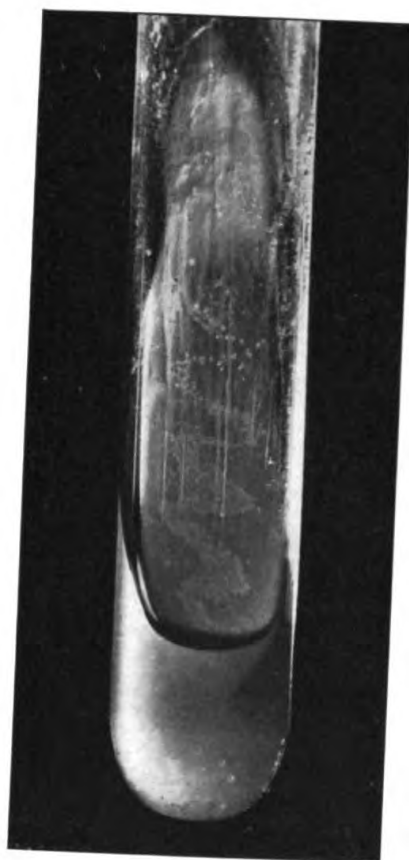


FIG. 1.

Photograph, showing characteristic growth on plant agar. Scale 1/t.

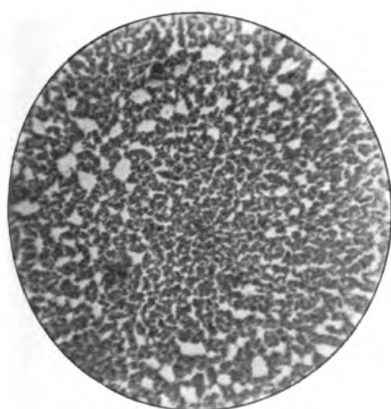


FIG. 2.

Photomicrograph, showing the organism itself; preparation from a pure culture;  $\frac{1}{12}$  oil immersion objective; No. 3 eyepiece (Leitz).

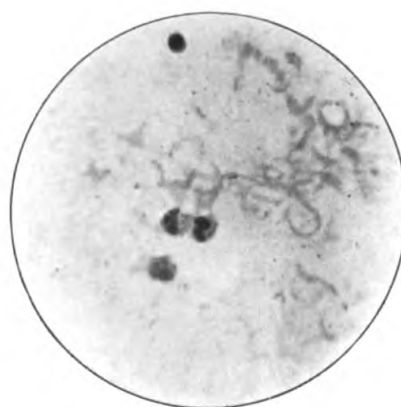


FIG. 3.

Photomicrograph, showing the phagocytosis of the coccus, taken from a slide used for ascertaining the opsonic index;  $\frac{1}{12}$  oil immersion objective; No. 3 eyepiece (Leitz).

To illustrate Dr. WHEELER's article on a Micrococcus (or Diplococcus).





This distinguishes it at once from the pneumococcus, which is occasionally present in the sputum, and from *Streptococcus pyogenes*. The so-called *Micrococcus catarrhalis*, however, found often in nasal catarrh, is Gram negative, so that further investigation was necessary to distinguish it. The meningococcus, by the way, is a diplococcus, but is Gram positive. As you know, a good deal of work in differentiating specimens of micrococci has been done by the aid of Dr. Gordon's tests. These are tests of the power of the germ to break up various sugars and glucosides. To a sugar free nutrient broth is added 1 per cent. of the test substance and some litmus. If there is fermentation, the development of acid shows as a colour reaction with the litmus. The substances used are saccharose, lactose, raffinose, inulin, salicin, coniferin, and mannite. The power to clot milk is also tested and the power to affect neutral red. The experiments, I may add, were all conducted at the laboratory of the British Homœopathic Association. I was much helped by the laboratory assistant, Mr. C. H. Collings, to whom my best thanks are due. We were unable to obtain coniferin, but applied the other eight tests to the presumably new coccus, and to *M. catarrhalis*. Our coccus clots milk, reacts with saccharose, lactose, and salicin. The other tests are negative. The *M. catarrhalis*, on the other hand, does not clot milk, ferments raffinose, and gives a negative reaction with all the others, or a doubtful one with saccharose, lactose, inulin and mannite. The two are, therefore, distinct. The catarrhalis grows more quickly on glycerine agar. The new coccus grows aerobically in minute dots, on agar or glycerine agar, and one noticeable feature is that while it is non-Gram in sputum smears, or primary culture for a time, it becomes Gram positive at the end of a day or two, and thereafter in subcultures. It is characteristically a diplococcus. Probably it is related to the pneumococci, but it seems distinct enough to deserve separate mention. It must be added that the Gordon reactions have only so far been tested from one strain. Variations occur with the other cocci in different strains, and may well be found with this germ, but in all the cases I have so far found it has proved Gram negative in sputum, and that alone is a marked means of distinction from other varieties. As, however, it becomes Gram positive after

culture, the staining reaction possibly indicates a variety dependent on circumstances of growth rather than an essential difference of species from the pneumococci. Taking the foregoing as a brief account of the physical and cultural characteristics of the micrococcus, it remains to consider it in its clinical aspect.

The tendency of tuberculosis cases to be infected with germs other than those of tubercle is well-known. As a rule these mixed infections are troublesome. When, however, this particular diplococcus is present, it is unusual in my experience to find streptococcus or other pus germ, and whether from this reason (the antagonism of this coccus to other of the ordinary cocci), or because there is an antagonism between this coccus and tubercle, I have come to regard its presence as a favourable rather than an unfavourable sign. As I have already said, if this germ is flourishing the tubercle germs are generally few, and as the friend who spoke to me first of his independent observation of the coccus (the late Captain Meakin) also volunteered the statement that tubercle bacilli were generally few when it was present, and that the cases did well, I am inclined to think it exercises an action somewhat antagonistic to that of tubercle. Unfortunately I do not think its action in this respect is a powerful one, nevertheless, though I have found it occasionally present in cases that ended fatally, I cannot recall a case ending badly that showed it persistently and in large numbers. Moreover, I can quote to you two cases presenting physical signs of lung tuberculosis, and diagnosed as such by competent observers, in which, nevertheless, no tubercle bacilli were ever found, although searched for on various occasions by various doctors, while the micrococcus under consideration was present in practically pure culture. I hesitate on so few instances to say that these were not cases of tuberculosis, for we know how elusive tubercle bacilli sometimes are, but I throw it out as a possibility that this coccus may occasionally cause lesions resembling those of tuberculosis, and in that case we may find in it a nosode of some value in this disease.

Of the two cases of which I have record, one was treated at a sanatorium as a case of phthisis, and did well as far as I know. The other is at present under my treatment. She is

a woman between 30 and 40, married, but childless. For two years, she told me, she had had a cough off and on; one year previous to my seeing her she had so-called "congestion" of the left lung, and since then the cough was very troublesome. The expectoration was thick and green, partly bronchitic and frothy, and tasted sweet. The lower two-thirds of the left lung, especially in axilla, showed crepitant râles, but there was also some general bronchitis on both sides. She was losing weight. Her evening temperature was generally 99°, and Dr. V. Green, who sent her to me, had reasonably diagnosed phthisis, although he could find no tubercle bacilli, though looking for them more than once. I could find none either, but the micrococcus was present in nearly pure culture. There were no other symptoms of note. The cough was teasing and often ineffectual, but in the mornings considerable quantities of pus and mucus were expectorated. She was encouraged to eat, and given stann. iod. 3x t.d.s. At the next report she had gained 2½ lb. and the expectoration was said to come away more easily, but there was little further change. I estimated her opsonic index to the coccus and found it 2·17, a fact that confirmed my belief that the coccus was the chief agent in causing her trouble. She was now put on to silicea 6x, mainly because of a lack of vitality about her, together with the pus formation, and aviaire 100 twice a week. On this she made a further gain of weight, but only 2 lb. in a month. She thought her cough less, and I found the physical signs improved. Her index was 2·35 to the coccus. By now I had got Mr. Collings to prepare for me a nosode from this coccus and triturate it up to the 3x. I gave her two doses of 2 grains weekly for three weeks, continuing the silicea. I gave the nosode low because my feeling was and is that it is not a powerful poison. This was on September 13: from that date to the end of November she did very well, losing nearly all her cough and gaining 5½ lb. Her opsonic index fell rapidly at the end of three weeks. I concluded she had had too much of the nosode and stopped it till it rose again, and thereafter gave it less frequently to the end of November, and then stopped it entirely. Unfortunately at this date she returned to live in London, promptly contracted a nasal catarrh, which renewed the bronchitis, that had disappeared.

The lung appears to keep clear, but since then she has gained no more weight and does not lose her bronchitis. The case is, therefore, incomplete, and I can only, as you see, record an impression. Certainly even now she is a great deal better than before treatment, and the marked advance was made during the time that the nosode was being administered. I gave her none during December as the coccus was much less in evidence in the sputum (though present), and I concluded that the bronchitis, which began with nasal catarrh, was another and different infection. I can only apologise for the incomplete record, and promise to report further progress as the case develops.

February 18.—A further period has now elapsed, and I can carry the report to a later stage. The bronchitis has practically cleared up, there has been a gain in weight, and the cocci are now very scanty in the sputum. The patient has continued to live in London.

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#### THE OLD FAITH.

BY THOMAS SIMPSON, M.D. (BIRKDALE, LANCS.).

THE tendency manifested by the modern methods of *soi-disant* homœopathic physicians to employ fashionable drugs is very perplexing, and equally discouraging to the older practitioner of homœopathy, and it would seem to imply a want of conviction, of belief, of trust in the powers of similars. This wavering and distrust tends to undermine and ultimately to paralyse all earnest effort to search for the simillimum. We own frankly that *this* is distasteful to one who has been relying upon empiricism, who finds an easier and speedier route to the goal he is seeking for in a compound, or a coal-tar product, which has attained notoriety among enquiring men as an emergency medicine. Nothing can so speedily destroy the reputation of a system as the inconsistency of its promoters when the taunt becomes valid, "You do not *practise* what you preach." It is proverbial that no great results have ever been attained in fields of science without patient, plodding effort; especially is this true regarding the selection of drugs in morbid states. Our late venerable colleague, Dr. Drysdale, left a priceless legacy to posterity in his records of minute

differentiation of drugs, and their special relation to individual morbid conditions, imposing lasting obligations upon us who possess them. We are familiar with the *opus magnum*, *Materia Medica, Physiological and Applied*, which was the joint labour of Drs. Drysdale, Hayward, Hughes and Dudgeon, a work distinctly classical and practical, containing as it does a mine of precious material from which we may profitably search for the gems we need. Recently I alighted upon an exact simillimum to a complex morbid group in the uncommon but deeply acting arsenuretted hydrogen gas, *arsenicum hydro-genisatum*, which appears in the *Cypher Repertory* (chapter xii.). "From the smallest quantity of food or drink continued incessant vomiting with anxiety, abdominal pain (must lie down) *with* anxiety, apprehension of near death, clean red tongue, hiccup, profound prostration." Sustenance was only maintained through nutrient suppositories, nothing retained (by the mouth) but diluted *bovine*, teaspoonful every quarter of an hour; but in two months from commencing treatment she was as usual (pretty well). Aged 65, history of chronic catarrh of stomach, timid, sensitive, feeble. Another striking instance of gratifying results from the single remedy in high potency was afforded us in a fragile woman, aged 75, who contracted influenza in December, 1907. Bronchorrhœa, dyspnœa, sleeplessness, cardiasthenia, with irregular pulse and high temperature, racking exhausting cough, expectoration of lumps of muco-pus (very copious), loathing of food, coated tongue, thirst. Digitalis (at long intervals) diminished number and severity of morbid signs, but expectoration remained copious and difficult, with loud râles in posterior lobes; *antim. tart.* seemed to be indicated, the results were partially manifest, but she yearned for relief of an accumulation of flatulence in præcordial region (which caused dyspnœa), constipation; *lycopodium* (6) was given every six hours with excellent results. Five weeks was the duration of her complicated ailment, and she appeared to be better than she had been for five years.

But we are often summoned to afford relief in painful or acute states of disease, and we must show our sagacity by satisfying the demand for immediate results. Dr. Alfred Pope suggested long ago that he found colchicum in 2 minim doses of the pure tincture every two hours relieved gout

quickly; that 5 minims of *liq. morph. hydrochlor*, given at bedtime, will often induce sleep; that *pulsatilla* (No. 3) relieves the agonising distress of acute orchitis; *potassium iodide*, the distress arising from asthma, with copious mucous accumulation; *plantago m.* in 2 minim doses the otitis, or the facial neuralgia, arising from cementitis, after which *mercurius dulcis* 3x seemed specific, or *magnes. phosph.* 3x every hour. I hope I have succeeded in pointing out that, personally, I cannot endorse these suggestions, but they are advanced on high authority by a colleague of vast experience.

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### Cases from Hospital Practice.

This section is reserved for reports of interesting cases occurring in Hospital or Dispensary practice, new methods of treatment, and all purely professional matters. These should be carefully, or, if needful, elaborately recorded and described. Each contributor will, if necessary, be allowed two pages of the REVIEW every month for this purpose.

Reports should be sent on as early in the month as possible.

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### DEVON AND CORNWALL HOMŒOPATHIC HOSPITAL, PLYMOUTH.

#### PRE-NATAL IMPRESSIONS.

*Reported by Dr. Newbery.*

CAN mental or nervous impressions during pregnancy affect the foetus? I suppose we have all met with cases of "birth-marks" which are stated, more or less—generally more—indefinitely, to have been due to the "mother's fright." Personally, I have often wished to get hold of such a case at first hand. The parties concerned implicitly believe the stories they tell; but on investigation it comes to "Mrs. Somebody heard it from somebody else, who heard it from the nurse, &c., &c."

The following story I had first hand from both daughter and mother, whom I should be pleased for any one interested to see and interrogate as I did.

On January 7 I received a hospital paper requesting me to call on Mrs. P. I found her to be a respectable labourer's wife above the average in intelligence and cleanliness; a

slender, delicate-looking woman, aged 27; married eight years; five children; had had four "false conceptions." She was nursing her youngest child, aged 6 weeks. She told me she was suffering from a "bad leg" which she had had "from birth" as the result of a fright her mother had while carrying her. The leg was of the ordinary "bad leg" description, due to venous congestion, swollen, brawny, intensely tender, but with no open wound. The right leg had been larger than the left all the way down from the hip to the ankle ever since she could remember, and she remembers when quite a little thing being put on the table and laughed at because "one leg was bigger than the other." The right leg was always larger than the other, and painful "at times," but did not interfere with her until she went to service, when she found that standing caused pain. The leg has been worse since her marriage. Several years ago she went to the South Devon and East Cornwall Hospital, where she was told nothing could be done for it. She puts the present aggravation down to cold, following getting about after her confinement. In stating that the cause of her trouble was her mother's fright, the patient stated what she evidently believed to be a fact that was not open to question.

Some days after hearing this story I saw the mother, and asked for further particulars. She told me she had had ten children, of which Mrs. P. was the second. When pregnant about seven months she was sitting, according to her custom, in a comfortable armchair, when she was called to answer the door. She was occupied only quite a short time and then returned to sit down. Putting her hand down on the seat, as she supposed, to steady herself, she put it upon the *cat, which had just had, or, perhaps more correctly, was in the act of having, kittens!* With a start she jumped up and involuntarily passed her hand down her right thigh and leg. When the child (Mrs. P.) was born two months later, there was a "port-wine" mark all along from hip to ankle *exactly where she had pressed her hand in her fright down her own leg!* In process of time the "port-wine" mark faded, but a varicose condition remained which still continues, and is put down to the "*cat and her kittens.*" Nothing would persuade these folks against the belief in the relation between the cause and effect.



## LEICESTER COTTAGE HOSPITAL.

## CASE OF APPENDICITIS.

*Reported by Dr. Edmund Capper.*

M. H., aged 45, married; one daughter aged 19, climacteric at age of 33. The patient enjoyed fairly good health till 1907, but during that year had four attacks of abdominal pain and inflammation, two of which pointed markedly to mischief in the neighbourhood of the appendix. Convalescence after each was very tedious. Operation was advised, and was performed by Dr. Mason, assisted by Dr. Carter, on January 25.

Very few adhesions were present, but the walls of the appendix were markedly thickened. About half an inch from the cæcum it formed a sharp angle, and was of much smaller calibre there than elsewhere. The kink thus formed effectually prevented the exit of any other than liquid or semi-liquid material. On the distal side of this contracted part the appendix was moderately dilated and contained a green fæcal concretion as large as a pea. The appendix was removed, and the patient made an uninterrupted convalescence.

### Hospital and Provincial News.

\* \* The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this section, we would point out that this section is reserved for :—

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

### HOMŒOPATHY IN SOUTHPORT.

#### HOMŒOPATHIC DISPENSARY REPORT.

THE Committee has great pleasure in reporting the successful completion of the second year of the Homœopathic Dispensary. There was a falling off in the attendances from May to October, due partly to the generally satisfactory conditions of health prevailing throughout the country, and partly

to other causes. It was found difficult on several occasions to find substitutes for the doctors who were prevented from attending on their regular days, and it was necessary to close the dispensary for several days during one week. To obviate the recurrence of similar conditions, and in order to extend the work, the Committee decided to appoint a stipendiary medical officer. They are glad to report that this appointment has been accepted by Dr. E. Cronin Lowe, lately house physician and house surgeon at the London Homœopathic Hospital, who took up the duties at the end of October. The new arrangement will relieve the Committee of the necessity of taking undue advantage of the generous help of their honorary staff, which they have been unable to avoid doing on many occasions during the past year.

The attendances during November and December were so satisfactory that, in spite of the earlier falling off, the total number of attendances in 1907 slightly exceeded those of 1906. In 1907 the number reached 2,719.

The Committee now intends to inaugurate a "Baby's Hour" once a week, hoping to do something to ameliorate the condition of infants' lives, and to reduce the mortality amongst them. Mothers will be advised as to the general treatment of their babies in health or disease. Suitable foods, and patterns of useful, simple and hygienic clothing will be shown, and instructions for the preparation and making of both will be given. Infants will be especially sought whose family histories and circumstances suggest the importance of such early attention, and careful records of the progress of each child will be kept.

From later information we understand that "Baby's Hour" has been a great success, and has created a good impression on the public, who begin to realise that there must be something in homœopathy after all.

#### PROPOSED NEW COTTAGE HOSPITAL.

MANY of our readers will be glad of information as to the progress of the Homœopathic Cottage Hospital scheme, which it was unanimously decided to promote by those who attended the preliminary meeting in the Mayor's parlour on January 31, 1907, when Councillor Dixon (the then Mayor)

took the chair. The following particulars will be of interest. The building fund now amounts to upwards of £2,000. A very fine building site—that of the old battery, near the Hesketh Golf Links—has been purchased by Mrs. Helen Kissel, and it will be let to the Committee at a small annual ground-rent. The Committee has been in communication with several architects, who will shortly be invited to send in drawings of plans for a fresh and somewhat enlarged competition. The completed hospital is to cost about £4,000 to £5,000; but at the present time only so much of the structure will be undertaken as will be required to accommodate ten patients in the general wards, and about two wards for paying patients. There are now several homœopathic doctors in the town, so that Southport should become a much sought-after place of residence for those who are accustomed to, and desire to make use of, this form of treatment. The Homœopathic Dispensary, at 10, Post Office Avenue (which is controlled by practically the same Committee, but whose finances are as yet entirely separate from those of the proposed hospital), is being increasingly made use of, and the appreciation by the sick poor is fully justified by the results obtained there. The Committee believe that there must be many in the wealthy townships of Southport and Birkdale who would add their names to the subscription lists if they knew the amount of good that is done daily at the dispensary, and which good will be immeasurably increased when the accommodation of the Cottage Hospital becomes available. It is intended that the beds in this institution shall be in a great measure reserved for the use of middle-class patients, who can defray some part of the costs of treatment and nursing.

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#### THE HAHNEMANN CONVALESCENT HOME, BOURNEMOUTH.

THE Annual Meeting of this home was held at Bournemouth on February 5, the Chair being taken by Earl Cairns, supported by the Dowager Countess Cairns, Dr. Nankivell (Chairman of Committee), the Revs. Canon Toyne (Chaplain to the Home) and H. G. Ince, Dr. W. T. Ord (Physician to the Home), Dr. B. W. Nankivell (Visiting Surgeon and

Registrar), Alfred Peach, Esq. (Treasurer), members of the Committee, and many visitors and friends.

The report stated that on March 11 the Home had been inspected for the first time by its President, Earl Dysart, who went thoroughly over the Institution, examining every detail, and expressed especial pleasure at the balconies erected for the open-air treatment of consumptives. The death of the Rev. F. Young, who for seven years had conducted the services at the Home, was mentioned with great regret. It was stated that the Rev. H. G. Ince had kindly undertaken these duties. The number of in-patients for the past year was 176, of which 54 came from London and its suburbs, 14 from Hampshire (including Bournemouth), and the remainder from various parts of England and Scotland. At the two dispensaries 1,148 patients had been treated, and 268 had been visited at their own homes and the Cottage Home. It was announced that arrangements had been kindly made by Mr. J. T. Hall for the treatment of dental cases at the Eastern Dispensary.

The financial status of the Home was shown to be very satisfactory. There had been an increase from all sources of income. Hospital funds, donations, and congregational receipts were higher, as were also payments received from both in-patients and out-patients, whilst the receipts from invested funds had also advanced in value. With a view to avoiding the usual annual deficits a special appeal for new subscriptions was recently made. Stimulated by the promise of £100, and with kind help from Lady de Tabley and the President, the sum of £684 was raised at the end of last year. This sum has been reserved as a "contingency fund" for especial expenses. Two legacies had been received during 1907, one from the executors of the late Mr. Bykur, of Poole, of £2,027, the other on the death of the widow of the late James Leath, Esq., of £500.

Earl Cairns, in moving the adoption of the report, congratulated the Home on the flourishing condition of its finances. He expressed surprise on finding that the Institution was not supplied, as he had supposed, with patients from Bournemouth, but that the bulk of the cases came from distant parts of England. Dr. Nankivell, in seconding, reminded the meeting that it was thirty years and one month since their

Chairman's revered father laid the foundation-stone of the Home, and twenty-nine years since he presided over the first annual meeting. The memory of those thirty years, with the help of those who had devoted their time and energies to the Institution, was a memory for which they could indeed thank God. He felt that the work of the Home had been greatly extended, and had increased very considerably since that day.

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LEICESTER HOMŒOPATHIC PROVIDENT DISPENSARY AND COTTAGE HOSPITAL.

ANNUAL MEETING.

THE Annual Meeting of the above Institutions was held in the ante-room of the Council Chamber, Town Hall, on Friday, January 31. His Worship the Mayor, Alderman T. W. Smith, J.P., presided. There was a fair attendance.

The report of the Dispensary, presented by Mr. J. Barnes, the Hon. Financial Secretary to the Dispensary, showed that the average amount of work had been done, and that the Dispensary was in a decidedly prosperous condition.

The report of the Cottage Hospital drew attention to the valuable work undertaken in the Hospital during the year 1907. The Hospital is, of course, a small one, but 55 patients (18 medical and 37 surgical) had been treated. The noteworthy feature was the number of exceptionally grave surgical cases, which had been fortunately carried through without any fatal result.

In spite of rigid economy and continued efforts to raise funds, the Hospital finds itself at the end of the year in debt to the amount of £81 13s. 6d., and a most earnest appeal was made for new subscribers, so that the good work which was being done might be continued, and, if possible, extended.

Among the surgical cases above referred to as successfully undertaken there were eight cases involving abdominal section, viz., one case of hysterectomy, three of ovariectomy, one of removal of a kidney, one of intussusception in an adult, one of appendicitis, and one of suprapubic lithotomy—a very fair record for a hospital of this size. In the absence of an Institution of this description the majority of these cases would

have had to be undertaken under the greatest disadvantage in their own homes, or would have probably drifted into other hands.

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#### LIVERPOOL HAHNEMANN HOSPITAL.

THE annual meeting in connection with the Liverpool Hahnemann Hospital and Homœopathic Dispensaries was held in the Town Hall, Mr. J. Carlton Stitt, J.P., presiding over a representative gathering of subscribers to the institution.

The Chairman at the outset expressed regret that the Lord Mayor, owing to the illness of a relative, was unable to be present as he had intended on that occasion.

Mr. Thomas Cooper (secretary) submitted the report of the committee, which stated that the work carried on both at Hope Street and Roscommon Street still continued of inestimable benefit to the poorer classes of the community. During the year a signal improvement had been effected in the hospital by the installation of electric light, and this had necessitated the closing of the hospital for several weeks. As a consequence the number of patients treated had not been quite so great as in some previous years, being 462. This represented an equivalent of 34 patients in constant residence throughout the year. Between the date of the opening of the hospital and 1905, the attendances in connection with the Hope Street and Roscommon Street dispensaries varied from 60,000 to 70,000 per annum; but in the year 1905, when the Roscommon Street Dispensary was reconstructed, the figures rose to 90,653, and in 1906 to 93,684. The numbers this year were 86,544, and they were sufficiently large to show that of late years they had been doing an increasingly important work in this department, and that the people in the districts served fully appreciated the facilities offered to them for medical treatment on the homœopathic system. The number of children sent to Eaton House Convalescent Home was 187. The committee acknowledged gifts, donations, and voluntary services, and concluded their report with a statement showing that the number of patients admitted to the hospital during the year was 462. The attendances of out-patients at Hope Street numbered 49,059, and at Roscommon Street 29,103.

Mr. E. Shorrock Eccles presented the statement of accounts, which showed that the income had been £3,284, and the expenditure £3,341.

The Chairman moved the adoption of the report and financial statement, and expressed his gratification at the satisfactory state of their affairs. He trusted that more medical men would in the future see their way to become qualified in homœopathy.

Dr. Cash Reed seconded the motion, which was adopted.

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### Correspondence.

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*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRS,—In reference to the "H.M.C." tablets described in the December number of the BRITISH HOMŒOPATHIC REVIEW, a note as to the use of the same may be of interest. A large iliac abscess, connected with a sarcomatous growth in the pelvis, required opening. The patient was in great suffering, and unable to lie for a moment in any position but flat on her back, the least movement causing her to cry out with pain.

One of the Abbott tablets, containing  $\frac{1}{100}$  grain of hyoscine hydrobromide,  $\frac{1}{4}$  grain morphine hydrobromide, and  $\frac{1}{87}$  grain cactin, was injected into the left thigh, well away from the affected region. In about ten minutes she was gently turned on to the right side without any resistance or expression of pain on her part. The swelled and inflamed area, which previously she could hardly endure to be touched, could be freely examined. Mr. Knox Shaw now inserted the full-sized cannula and trocar of an aspirator and evacuated the contents of the abscess. This required a little time, as the fluid needed tapping off at rather different levels; but while it was going forward the patient fell into a sound slumber, which lasted, with but slight intermission, for sixteen hours. She was quite oblivious to the lifting and moving requisite for applying the dressings and bandage round the body. She breathed gently and naturally all the time, and gave the impression that she might possibly have been aroused by loud and determined speaking.

When she finally came to herself she asked when the surgeon was coming to do anything to her ! Throughout the time the pulse appeared unaffected. There was considerable flushing of the cheeks, which lasted for a few hours, but passed off during the night.

The anæsthesia produced by the tablet was felt to be very satisfactory, both from the abolition of pain at the time, and the absence of any unpleasant effects then or afterwards.

Yours faithfully,

Torquay.

A. MIDGLEY CASH, M.D.

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*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRs,—We notice in the February issue of your Journal a letter drawing a comparison between Plasmon and Casumen.

The difference between Plasmon and other preparations of casein is that all the original organic salts are contained in Plasmon in their unaltered condition as in the milk itself. As you know, albumen, to be of nutrient value and to be assimilated, must contain the organic salts, and it is in this all-important essential that Plasmon so differs from other casein preparations as to preclude comparison.

Casumen is not at all like Plasmon in appearance, being whiter in colour and of a light and fluffy nature. Nor is it cheaper, in that much larger quantities, according to the directions, are recommended to be taken daily than we advise should be used of Plasmon. Such a quantity of Plasmon would be altogether unnecessary, as the system could not absorb it. In no way, therefore, is Casumen, as is stated in the letter referred to, "the English representative" of Plasmon, and its being made in England is no recommendation. Plasmon has also been manufactured in England, Ireland, Canada, and elsewhere; but the main factory belonging to this Company is in Germany, where milk is subjected to very much more severe examination by the authorities than in this country, and the quality can, therefore, be absolutely relied upon. Milk can also be bought in Germany in much larger quantities.

Yours very truly,

INTERNATIONAL PLASMON, LTD.

G. B. SHARPE, *Secretary.*



*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRs,—In reply to Dr. Berridge's answer to my criticism of his case, I have to thank him for pointing out that I "overlooked an important particular" which he records, viz., that his patient was "much worse" on the 24th and 25th. This fact, I venture to think, strengthens my argument, since most physicians would expect a patient suffering from a mild attack of croupous pneumonia to be "much worse" on the fifth and sixth days of the disease, as well as much better on the seventh.

That Dr. Berridge should be so confident of the effect of his administration of *comocladia* because the patient was so ill on the fifth and sixth days of the disease, and so much better on the seventh, adds weight to the instructive paper of Dr. Jousset, translated by Dr. Blackley for us in your January number. Let us quote one paragraph from it:—

"Homœopathic literature teems with records of cases where a physician of the school of Hahnemann, called to a case of pneumonia on the *sixth day, when the patient seems at his worst*, administers some drug or other, assists at the natural defervescence of the eighth<sup>1</sup> day, and cherishes the illusion that he has jugulated the disease and so saved the patient."

While Dr. Berridge and his patient may be congratulated on "the marked improvement in the severe pain which commenced in forty-five minutes," this fact alone cannot be admitted as conclusive proof that his dose of *comocladia* cured a case of pneumonia.

Dr. Berridge tells us that his reason for not mentioning the pulse, temperature, or respiration in this case is "because there was nothing of special importance to be noted with regard to them." This is a curious statement in relation to a case in which "pneumonic crepitation" had been detected. If pulse, temperature, or respiration were normal, such an unusual fact would surely be important enough to note; if one or all of them were abnormal, the deviations should have been observed.

<sup>1</sup> "From the time of Hippocrates it [the crisis] has been thought to be more frequent on the uneven days, particularly the fifth and seventh."—Osler, "Principles and Practice of Medicine, 1905.

I entirely disclaim any intention of entering into the vexed question of the merits of high or low dilutions of medicines ; my object being to draw attention, as Dr. Jousset's paper so powerfully does, to the errors arising from the neglect of accurate diagnosis, which seem to be exemplified in Dr. Berridge's account of his case. My remarks would equally apply had the dose administered been an ounce of *castor oil* instead of *comocladia dentata* 10 m. 7 c. F.A.

The publication of such cases is undoubtedly calculated to bring contempt on the principles and practice of homœopathy among those who are wilfully ignorant of its true foundations. As to its effect on the followers of Hahnemann, I must again express my regret that this case has been brought forward by one whose reputation and influence are so great as the testimonials in his favour, published by Dr. Berridge in his reply to me, amply demonstrate them to be.

Yours faithfully,

G. SCRIVEN.

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### Therapeutic Digest.

THYROID CONDITIONS.—Dr. Pierre d'Espinez, of Lyons, contributes to *l'Art Medical* an interesting article on the various states of the thyroid. Besides the two opposed conditions of insufficiency of the thyroid causing ultimately myxœdema, and hypersecretion of the thyroid, the pathological basis of Basedow's disease, there are intermediate conditions which may be called thyroid instability, in which one observes rapid oscillations between diminished and increased thyroid activity.

It is generally agreed that the function of glands with an internal secretion is an antitoxic one, they provide substances to neutralise the poisons which are continually formed in the body in the course of the nutritive changes occurring in the tissues. The internal secretion of the thyroid has a marked antitoxic action, and it is instructive in this connection to notice how many of the symptoms of intestinal intoxication resemble those which are the result of a slight degree of

thyroid insufficiency. Thus there are common to both conditions the sunken eyes, partial œdemas of the face, dry, badly nourished hair, soft, cracked, and transversely indented nails, dry, desquamating skin of greyish dirty-looking colour, various cutaneous eruptions, chronic heavy headaches, loss of memory and power of attention, migraine, cold and chilliness, various œdemas and vaso-motor troubles, constipation, which is habitual but alternates with diarrhœic crises, frequent coryza, somnolence after food, a general feeling of fatigue, neurasthenic symptoms and renal complaints, of which scanty urine and an excessive excretion of etherial sulphates and aromatic substances are the principal.

The symptoms of increased thyroid activity are nervous excitement, palpitation, diarrhœa, trembling, thirst, bulimy, insomnia, heats, vomiting, headache, muscular and joint pains, pain in the loins, oppression, vertigo, polyuria, &c.

It is to be remarked that many of the symptoms due to thyroid insufficiency are the same as the well known symptoms of calcarea, especially the puffed face, the arrest or anomalies of skeletal development, the chilliness and cold extremities, the constant feeling of tiredness, the unhealthy, badly-nourished skin, the constipation, and the tendency to fatness. Also many of the symptoms of excitation of the thyroid are those of *iodine*, such as the mental agitation, the restlessness, palpitations, and vaso-motor and cardiac affections, the wasting, vomiting and bulimy. *Lime* and *iodine* are the two principal inorganic substances found in thyroid secretion, and it is probable that an excess or diminution of one or the other may determine the predominance of this or that group of symptoms in cases of thyroid instability. Another constituent of thyroid secretion is *arsenic*, which may be related to the elements of restlessness, agony, and cardiac trouble, to the skin œdemas and lesions, and the diseased hair and nails. According to Teste *arsenic* acts much more powerfully in vegetarians than in meat-eaters, and is adapted to the injurious effects of fruits, especially the more watery ones. In this connection it may be remembered that meat is poison to the thyroid, probably from the ptomaines that it develops in the intestines, and that *arsenic* is an antitoxic of the first rank.

*Bromine* is also found in thyroid secretion and corresponds in its pathogenesis to the languor, debility and anxiety arising from the heart or lungs which are found in diseases of the thyroid.

Dr. Espinez concludes that cases of thyroid instability should be treated homœopathically by the lower triturations or dilutions of thyroid extract, but that since the pharmaceutical preparations of thyroid extract, obtained, as they are, from animals, can only correspond approximately to a given case, they should be supplemented by the administration of one of the four inorganic substances normally found in the thyroid secretion, viz., *calcareo*, *iodine*, *arsenic*, or *bromine*, according to which is most indicated by the ensemble of symptoms.—*l'Art Medical*, September, 1907.

#### THE TREATMENT OF HÆMOPTYSIS IN TUBERCULOSIS.—

Dr. P. Jousset writes that there are five medicines for tuberculous hæmoptysis, the indications for which are precise, and their efficacy justified by clinical experience. They are *aconite*, *arnica*, *ipecacuanha*, *millefolium* and *ledum palustre*. He gives the indications as follows :—

*Aconite*.—Pulse frequent, strong and vibrating, face red and congested, eyes brilliant, and the anxiety and restlessness so characteristic of *aconite*. This medicine should always be prescribed when, with the hæmorrhage, the temperature rises above the normal, and should be continued till it falls. Dr. Jousset's personal experience is in favour of giving it in doses of from 20 to 30 drops of the mother tincture, to be taken during the day.

*Arnica*.—Hæmorrhage very profuse. Dose, 20 drops of mother tincture in a tumblerful of water, a spoonful every hour.

*Ipecacuanha*.—Profuse hæmorrhages, which are preceded by a sensation of gurgling in the bronchial tubes. Dose, the 1x trit., 25 to 50 centigrammes of it in a tumblerful of water, a spoonful every hour.

*Millefolium*.—When the blood is red and frothy and expectorated without great effort. The mother tincture is used in doses up to 30 drops. It is often useful to alternate *millefolium* with *ipecacuanha*.

*Ledum Palustre*.—When the hæmoptysis is accompanied by very violent attacks of cough. It may be small or abundant. The attacks of cough are excited by intense tickling in the larynx or trachea. Dose, the mother tincture, in doses up to 30 drops.—*L'Art Médical*, November, 1907.

CASE OF POISONING BY OXYCYANIDE OF MERCURY.—M. Thiroloix communicates to the Société Médicale des Hopitaux a case of poisoning by a very minute dose of *mercury* as follows: On June 20th last a young man consulted a doctor friend for a gonorrhœal discharge, which had lasted twelve days. *Santal* and injections of *permanganate of potash* were prescribed. On June 30th, ten days later, the urethritis had much decreased, but as he had had gonorrhœa two years before, Dr. R. practised catheterisation with a bougie, after a preliminary injection of *stovaine*, but notwithstanding the *stovaine* a very intense and painful spasm in the membranous portion was set up. The bougie was withdrawn, and to ensure antiseptis 100 grammes of a solution of *oxycyanide of mercury* of strength 1 in 4,000 was introduced into the bladder; the greater part of this was expelled. The rest of the prepared solution (0.5 gramme of *oxycyanide of mercury* to a litre of lukewarm water) was poured over the external genitals. As the catheterisation had been painful Dr. R. made his friend remain some hours at his house and then sent him home in a carriage. He went to bed. At nine o'clock in the evening G. (the patient) experienced violent vesical and rectal tenesmus, and made frequent but useless attempts to micturate and pass stool. The family sent for Dr. A., who noticed the penis swollen and raised on the abdomen as if in full erection; the region of the bulbous portion of the urethra was indurated as though injected with tallow. There was absolute impossibility of passing water, and a clear, rosy liquid leaked from the urethra. The bladder was found to be moderately distended, the urethra blocked by swelling of the mucous membrane. In view of the incessant and horribly painful vesical tenesmus and the impossibility of passing a catheter, Dr. T., who was called in consultation, made a supra-pubic puncture and withdrew about 500 grammes of clear urine. The axillary temperature was then 38° C. The night passed quietly.

The next day, July 1st, the general condition appeared to be good; the vesical tenesmus had ceased, but several times during the day there were attacks of severe rectal tenesmus, followed by expulsion from the anus of a bloody fluid. There was no distension of the bladder; in fact, from that time a condition of anuria was established. The swelling of the penis, the œdematous infiltration of the scrotum and perinæum, and the apyrexia underwent no change.

On July 3rd stomatitis appeared, with foetid breath, moderate salivation, and many grey gangrenous patches on the gums, the under-surface of the tongue and the anterior pillars of the fauces.

On July 4th, on the advice of Dr. Cattalin, hot baths, theobromine and abundant drinks were given to combat the anuria.

On July 6th the signs of mercurial poisoning, viz., bloody diarrhœa, with colic and rectal tenesmus, anuria and ulcerous stomatitis, were more evident than ever. The local condition of the genitals remained the same. In the evening of this day signs of uræmia appeared, pronounced myosis, incessant hiccough, which was very painful, and dyspnœa. He became worse from hour to hour, and on July 9th died, at 6 a.m., in syncope.

During nearly the whole course of the illness apyrexia had been complete, the intellect unclouded, there had been no eruptions, nor impairment of sensation or motion.—Dr. MARC JOUSSET, in *l'Art Médical*, November, 1907.

THE SYNTHESIS OF GEMS.—In a recent German patent a method is described for producing artificially certain mineral species, such as olivine, zircon, beryl and spinelle, in a definitely crystalline form. This consists in dissolving their constituent oxides, in appropriate proportions, in molten sodium or potassium metaborate. The temperature of the fused mixture is then raised to  $1,300^{\circ}$  C., when the alkali metaborate volatilises, leaving the artificial mineral in the form of crystals. In addition to obtaining products corresponding with the naturally occurring minerals, other compounds having no mineralogical counterparts may be produced by this method. A nickel chrome spinelle,  $\text{NiO}, \text{Cr}_2\text{O}_3$ , prepared from its constituent oxides, was obtained in the form of small

green crystals. It is well known that the mineral species corundum occurs in the form of very variously coloured stones, ranging from colourless sapphire to brown and opaque corundum. Between these extremes one meets with sapphires tinted in yellow, green, blue, red, and intermediate hues, and it is generally supposed that these various colours are due to the presence of compounds of iron, manganese, chromium, titanium, or other foreign elements. In the *Comptes rendus de l'Académie des Sciences*, F. Bordas describes experiments in which the colour of these gems is caused to change by exposing the stones to the action of a very radio-active specimen of radium bromide. In these circumstances a blue sapphire assumes successively green, light yellow and dark yellow tints, whilst a red sapphire develops in succession shades of violet, blue, green and yellow. These experiments justify the belief that the distinctive colours of these precious stones are not due to the presence of any particular oxides. The variation always occurs in the above sense from red to yellow, and it seems likely that the topaz represents the last term in this transformation. Moreover, it seems probable that these gems are found in regions where the surrounding soil has a certain degree of radio-activity. This idea receives support from the fact that the yellow sapphires are the commonest, although yellow and blue sapphires frequently occur together. The gems which have been thus artificially coloured are not radio-active; they do not become luminescent in the dark under the influence of radium bromide, but they retain their colour on heating.—*The Times' Engineering Supplement*, January 1, 1908.

DISORDERS CAUSED BY GOOD FOOD.—Dr. August Schepens, in an article on this subject, mentions that in some persons there is an idiosyncrasy with regard to certain articles of diet which are perfectly free from any poisonous matter, and which can be eaten with impunity by the generality of people. For instance, in some persons mussels cause itching all over the body, with precordial anxiety, followed by generalised urticaria, vomiting and diarrhoea. Eggs disagree with some people; in one case of Dr. Schepens' they produced a sensation as of a brick in the hollow of the stomach; in another they caused

a sensation of weight and pain at the epigastrium, a sense of suffocation, and a tendency to syncope. She had noticed these symptoms especially when being fed largely on eggs after her confinement, and had been obliged to keep her bed for several weeks on those occasions on account of the weak state to which the diet had reduced her.

Another food which sometimes disagrees is raw meat. It may cause repeated hæmoptysis and phosphaturia, with diminished acidity of the urine; in fact it may set up a condition simulating acute tuberculosis. Dr. Schepens considers this a homœopathic indication for the use of raw meat in the diet of patients afflicted with acute tuberculosis where there are repeated hæmoptysis and phosphaturia. In the same way, broth in some persons causes colic and diarrhœa, and may be used homœopathically as a medicine.

A. Teste writes that broth is an antidote to colocynth. Dr. Schepens treated a child a few months old who had a very rebellious diarrhœa, for which *ipec.*, *ars.*, *lycop.* and *tuberc.* had failed to do any good, by stopping other food and giving broth exclusively. Improvement was immediate and a quick cure resulted. He considers that the good effect of the common practice of living on green soup, or broth, the day after taking a purgative, is owing to the purgative being antidoted by this means and its unpleasant symptoms counteracted.

Buttermilk is another food of the same category, and may produce gastro-intestinal derangements, with or without fever, and often with collapse. It may be usefully employed in the intestinal affections of infants, and in adults during the first week of typhoid fever.—*Journal Belge d'Homœopathie*, September-October, 1907.

CASE OF POISONING BY KALI BICHROMICUM.—Drs. Gossage and Bernstein, of the Westminster Hospital, relate the following case of poisoning by bichromate of potash: A man, aged 60, accustomed to use potassium bichromate for the purpose of staining wood, accidentally swallowed about  $1\frac{1}{2}$  oz. of a saturated solution, representing 72 grains of the solid salt. He immediately drank 4 oz. of milk as an antidote, and for half an hour he felt no ill effects. Vomiting and purging



then commenced suddenly, and continued till the arrival of Mr. Cope, who found him rather collapsed, with pulse 66 and temperature 97° F. He was put on milk diet and given  $\frac{1}{2}$  drachm of *carbonate of magnesium*, 2 grains of *carbonate of ammonium*, and 5 minims of *rectified spirit of wine* every two hours. The vomiting and diarrhœa continued, but became less urgent during the next day. There was much thirst and dryness of the throat, the tongue was furred and stained with the bichromate, and there was some aching across the epigastrium, but no other pain. On the third day he vomited twice some mucus and a little blood with milk. On the fourth day vomiting and diarrhœa ceased, but there was considerable epigastric tenderness. The patient was very depressed and very slow in answering questions, and preferred to be left alone. This mental condition continued till his death. On the fifth day a yellow coloration of the skin was first noticed, and it gradually increased in intensity. From the fifth to the seventh day there was distressing hiccough and the bowels became constipated; on the ninth day some blood was vomited after getting up and going to the closet to defæcate. There was also some abdominal pain and increased epigastric tenderness. He was admitted into Westminster Hospital. Beyond some abdominal and epigastric tenderness he did not seem very ill, but the skin and conjunctivæ were a bright yellow; there was a superficial ulcer on the inner side of the upper lip, of a bright yellow colour, and the pulse was of low tension and very feeble. During the night succeeding his admission to hospital he died quite suddenly.

At the necropsy, performed seventeen hours after death, there was found to be universal yellowish coloration of all the tissues and fluids of the body; the blood was dark and fluid; there was some questionable ulceration of the posterior wall of the stomach and a slight excoriation of the upper lip; there was acute nephritis; hypostatic changes were observed in the lungs, and the heart muscle was soft and friable. Death had occurred from pulmonary œdema and cardiac failure.—*The Lancet*, December 21, 1907.

VESICULAR ERUPTION OF THE SKIN CURED BY DIPHTHERIA ANTITOXIN.—Dr. Alan B. Slater, physician to the skin department, Farringdon General Dispensary, relates the case of a

girl, aged 13, who three years previously to his seeing her had had first some inflammation of the eyes with constitutional disturbance, and a week or two later two white patches, one on the inside of each labium, and a thin discharge. Soon after blisters began to develop round the vulva and spread to the abdomen, and she was in a short time practically covered with them about the body and neck, and they had appeared also on the face and head. She was taken to hospital and treated for syphilis, and *mercury* and *iodides* were given for about two years, as well as lotions of almost every kind, but without effect. The amount of discharge from rupturing vesicles was so great that all her clothes had to be changed always twice and sometimes as often as four times a day. When brought to Dr. Slater there were masses of vesicles round the left side of the mouth extending to the cheek, above both eyebrows, in the external meatus of both ears, over the scalp, and large quantities on the neck and shoulders down as far as the nipples in front and the middle of the scapulæ behind. The region of the vulva was erythematous and studded with vesicles. In all the areas affected the skin between the vesicles was dark red. All the vesicles were discharging freely a thin clear fluid, dropping from the skin at the rate of a drop a minute. The general health was good. A bacteriological examination of the clear fluid dripping from the vesicles showed an organism resembling in all essentials the diphtheria bacillus. Inoculations of a culture of this bacillus into a guinea-pig caused its death, and cultivations from the heart and peritoneal fluid showed the Klebs-Löffler bacillus. The skin eruption was, therefore, considered to be due to a peripheral neuritis set up by the diphtherial poison, and a course of antitoxin injections was instituted. Injections of from 1,000 to 2,000 units were given frequently over a period of eighteen days. Eight injections in all were given. By the end of the course the rash had cleared away and had left no scar. The improvement began at once, the vesicles drying up and almost ceasing to discharge after the first injection.—*Lancet*, January 4, 1908.

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### Special Review.<sup>1</sup>

*Rotunda Practical Midwifery.* By E. Hastings Tweedy, M.D., F.R.C.P.I., Master of the Rotunda Hospital, and G. T. Wrench, M.D., late Assistant Master. (*Oxford Medical Publications.*)

WHEN we heard that such a work was in preparation we were quite sure that the book would be worthy of the "Rotunda," and of the Master, Dr. Tweedy. Nor have we been disappointed. Review, in the proper sense, is out of the question, for the book details the methods pursued at a particular place, and does not aim at being a systematic treatise on midwifery. Herein, indeed, lies one of its great recommendations. It is a record of fact, of what is done *at* the Rotunda. At the same time there are one or two points we wish to refer to.

An instrument which is new to us in the practice of midwifery is the *bullet forceps*, which seems to take the place the volsella has hitherto held in gynæcological operations. This, we think, is a distinct improvement, as the bullet forceps is much more easily made and kept aseptic than a volsella. We are glad to see that our old friend Dr. Skinner's chloroform mask is included in the obstetrical "kit."

Now we come to the blessed words, "saving the perineum." All obstetricians are as fully agreed on the desirability of "saving" the perineum as the average Scotchman is on the necessity of saving the "bawbees," but in the former case obstetricians are not agreed as to a method of doing so; in the latter there is no dispute. In fact, as Dr. Tweedy remarks, one has a right to be sceptical about "saving" the perineum. An excellent illustration is, however, inserted, showing how to save it. The Rotunda method seems to be to endeavour to push the head forwards against the pubes, or, in cases where the pains are violent, to resist the head's advance during a pain by direct pressure on it. Neither direct pressure *on the perineum* nor episiotomy are recommended. But is it always the *head* that tears the perineum? We doubt it. We believe that the *shoulders* are far more to blame in most cases than

<sup>1</sup> Owing to a misunderstanding, the "Special Review" promised last month has been held over till April.

the head. We have often tried to settle this question "on the spot," but when a tear does occur it takes place so suddenly that it is difficult to be sure how exactly it was caused, more especially as one's attention is likely to be engaged with other matters.

At the Rotunda, in spite of the methods adopted, 50 per cent. of primiparæ get torn perineums to an extent that requires stitching, though perhaps students and inexperienced probationers are largely to blame for the mishap. In any case, if it is torn it should be repaired on the spot, and we always insert the stitches before the patient has recovered from chloroform, though they are not tied till afterwards.

The section on *Accidental Hæmorrhage* is well worthy of study. "In our experience," Dr. Tweedy remarks, "it is, next to sepsis, the greatest risk a pregnant woman runs." We can fully endorse this statement, for in addition to its own special immediate dangers, there are the further risks of sepsis and *post-partum hæmorrhage* to be feared. As is usual, accidental hæmorrhage is divided into *Concealed* and *Revealed*. In regard to the treatment of the former, nothing very definite can be stated; rupture of the membranes to allow the blood to escape, followed by plugging of the vagina, "may be tried," but the concomitant degeneration of the uterine muscle makes the outlook very hopeless.

In regard to the revealed form, Dr. Tweedy is more dogmatic. Most teachers of obstetrics are fairly agreed as to the treatment. In our own student days we were taught to *at once puncture the membranes*, as this allowed (1) the head to come down and block the os; (2) it relieved the tension by the escape of liquor amnii; and (3) it induced uterine contractions, which brought forward the birth and stopped the bleeding, a firm binder being also applied over the uterus to keep up the pressure. We are, of course, speaking at present of cases where the bleeding is accompanied with labour pains, *i.e.*, the woman is in labour. When the bleeding occurs without labour pains the patient's life is in still graver peril. The late Dr. H. N. Guernsey also recommends puncture of the membranes, and for the same reasons as above. Furthermore, if the os was dilated and the head well down, but the labour was delayed, we were told to apply forceps and deliver

*very slowly*, with a hand on the abdomen to follow the child down lest there might be a big final gush of blood—final in more senses than one, possibly. If the os was not dilated, then rapid dilatation with “bag” or fingers and application of the forceps were recommended. But *never plug*, we were told, as this will not stop the hæmorrhage, and the woman may bleed to death into her uterus, *i.e.*, a revealed may be transformed into a concealed hæmorrhage. Now, Dr. Tweedy raises objections to all these usual methods of treatment, and, following Sir William Smyly, a former Master of the Rotunda, recommends plugging the vagina as *the* method. We do not profess to decide this question, and will only add that, from Dr. Tweedy’s position as Master of the Rotunda, his opinions are entitled to respectful attention, even if one does pass by on the other side.

Following naturally upon hæmorrhage comes the question of collapse, which Dr. Tweedy defines as “the condition that follows loss of fluid from the body.” This is, no doubt, correct from the obstetrician’s point of view as far as it goes, but not from the surgeon’s point of view. A man may bleed to death without losing a single drop of blood, in one form of surgical shock; here the blood collects in “the splanchnic lake” or “abdominal pool,” as it has been called, and to all intents and purposes is useless to the patient. Whether such a condition also forms a part of obstetrical collapse it is difficult to say. Another point worth noting is this, that when anyone “bleeds to death” they do not lose more than *half* the blood in the body, but the half retained is of little or no use because *its bulk is too small*. Hence the extreme value of saline infusion (transfusion), which is fully recognised by Dr. Tweedy. In urgent cases we are told to infuse *two pints of normal saline solution* into one of the veins at the bend of the elbow, then remove the cannula, tie the vein, dress the wound, and then do what?—sit down and watch for what he calls “secondary collapse,” but what we call the certain result of a piece of inexcusable folly! In a serious case “secondary collapse” is as sure to follow such ineffective measures as night follows day, as we know to our sorrow; and, curiously enough, two pages before this Dr. Tweedy tells us why, *viz.*, “the thirsty tissues quickly rob the blood of its added fluid, and not only

that, but they take fluid from the blood with such avidity that the blood is eventually of higher specific gravity than before the infusion," and then comes the "secondary collapse," which may even be more dangerous than the initial collapse. All this is most true; so rapidly does it occur that it looks as if one were pouring water into a sieve, or makes one think that after all there must be some serious *internal* hæmorrhage going on. We will not have to watch very long for "secondary collapse" under these circumstances—twenty minutes at the outside. But, curiously enough, it never seems to have occurred to Dr. Tweedy how this might be prevented. Why not, as Dr. George Burford has so eloquently taught and so successfully practised, inject a larger quantity, say five or six pints, or even more, in the first instance? Surely that is the only rational thing to do. The cannula is in the wound; there is no need to be in a great hurry in removing it, even after five or six pints have been transfused; the pain of the wound is slight, and the passage of the warm fluid is a positive comfort to the woman. This would surely be better than the method Dr. Tweedy advises. The "secondary collapse" appears usually in half an hour, and we are told then to infuse two more pints into the same vein above the ligature, or into a vein of the other side, or into the breasts. We are then to sit for another half-hour to watch for, I suppose, tertiary collapse, and this time we are to inject a pint of hot saline fluid up the rectum. We ourselves have injected as much as five pints up the rectum and not a drop came back. So, in all, Dr. Tweedy may inject into the blood, directly or indirectly, five pints at three sittings half an hour apart. We are quite sure Dr. Burford's method is to be preferred, both for the comfort and safety of the patient, as well as the satisfaction of the medical attendant.

In regard to the treatment of *post-partum hæmorrhage*, compression of the abdominal aorta is, as usual, mentioned as a possible means of stopping severe bleeding. There is no hint or suggestion that *post-partum* hæmorrhage resembles a burst varicose vein more than anything else, and that the "compression of the aorta" is effective probably because the softer-walled inferior vena cava is compressed at the same time.

We have already far exceeded the limits we set ourselves, but we must add a few words in regard to the *toxæmia* of pregnancy. In our student days the kidneys had to bear the most of the blame for those conditions we nowadays include under the title of the "toxæmia of pregnancy." But to-day the venue is entirely changed, and the *liver* has been saddled with most of the blame. Now we have considerable sympathy with the liver, and believe that in the past it has been blamed for many things of which it was entirely innocent, but in the present case we believe the imputation is just. The liver is the organ that mainly presides over metabolism, proteid as well as carbohydate, and it is simply inadequate for the work thrown upon it. Probably a lacto-vegetarian diet would be the most suitable in such cases, thus diminishing the nitrogenous intake. "One is not surprised, then, to find that a hereditary tendency to the toxæmia of pregnancy has been found by Mlle. Stein, nor that, when a woman has been subject to toxæmia during one pregnancy, she is more liable to it in a succeeding pregnancy." This view of the case is a surprise to some of us, for we had always understood that, like the kidney disease that is present in eclampsia, this toxæmia does not, as a rule, recur in subsequent pregnancies.

We regret that Dr. Tweedy, in common with other writers on midwifery, almost entirely ignores the question of *glycosuria* during pregnancy. In our opinion this is the second most serious condition from which a pregnant woman can suffer. Fortunately it seems to be a very uncommon condition, though Griessinger, Frerichs, Matthews Duncan and others record cases. In most of the recorded cases it seems to have been almost uniformly fatal to the foetus, and a very large proportion of the mothers perished as well. One wonders if it is so very uncommon, or if it is simply "rare" because it is not looked for. It gives rise to a most obstinate form of pruritus limited to the vulva and vagina, and, if the foetus lives, probably to accidental hæmorrhage during the later months of pregnancy, with its immediate attendant risk, death from hæmorrhage, and its grave secondary risks, viz., sepsis and *post-partum* hæmorrhage. So great are the risks to the mother, and so slight the chance of a fully-developed living child being born, that some obstetricians advise that the

uterus should be emptied promptly as soon as the diabetic condition is pronounced. We would not go so far as that, for there may be a difference between a temporary toxæmic glycosuria and a fully-developed diabetic condition, though a diabetic woman rarely conceives, and if she does, usually aborts, but in either form, the cases are most serious and anxious ones.

In regard to the treatment of eclampsia, one remark of Dr. Tweedy's surprised us not a little: "We have great faith in morphia." Is Dr. Tweedy also a student of homœopathy?

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### Reviews of Books.

*What to do for the Stomach.* A careful arrangement of the most Important Symptoms in Diseased Conditions of the Stomach and the Remedy Indicated in the Cure of these Symptoms. By G. E. Dienst, Ph.D., M.D., Author of "What to Do for the Head." 202 pages. Cloth, \$1.00 net.; postage 5 cents. Philadelphia: Boericke and Tafel, 1907.

DR. DIENST, the author of this work, says in his Introduction that "in presenting this book to the profession there is no boasting of perfection, or apology for imperfection." He does well. Some such attitude as this was necessary for its production. It is a repertory of stomach symptoms, and professes to be a compilation from the leading repertories. Compilation is hardly the right word. The author has evidently sat down with the section "stomach" in Kent's Repertory open before him, and has gone steadily through it from beginning to end copying the medicines printed in heavy type as his "leaders," and those printed in italics as supplementary. In only one or two instances can the name of a drug be detected which may possibly have been taken from another source. The substance of the book is Kent's Repertory strung together by the running comments of Dr. Dienst, who in addition gives a few of the principal general characteristics of the "leaders." We quote a passage to show how it is done. On pp. 132, 133 we read, "For cramping



pains after eating we think first of *nux. v.* This feature must not be forgotten, however, that these cramps do not appear until one or two hours after eating. Your other remedies are *calc.*, *cocc.*, *coloc.*, *crot. h.*, *tere.*, *kali-c.*, *nat. m.*, and *sulph.*, according to conditions and totality of symptoms. If the cramps are relieved by eating, which is a different condition from aggravation by eating, you will then think of *brom.*, *chel.*, *graph.*, or *ign.*" On consulting Kent we find under pain, cramping, after eating, a list of remedies of which *nux. v.* is in heavy type, and the other remedies mentioned, *calc.*, *cocc.*, *coloc.*, &c., are in italics; and immediately following, under pain, "cramping, after eating, amelioration," we find italicised, *brom.*, *chel.*, *graph.*, *ign.* It will be seen, therefore, that in the passage we have quoted the materia medica part is all Kent's, and we are duly grateful for it; the information that cramps relieved by eating is a different condition from aggravation by eating, is Dr. Dienst's, and we could do without it. Here is another passage, p. 138, "Drawing, this means a dragging, pulling, tugging sensation, as if something were attached to the stomach and is drawing it together, downwards or upwards. For this symptom we have few medicines of any consequence, but on careful study we find these: *anac.*, *arg. n.*, *phos.*, and *stann.*" On referring to Kent we find that the reason for the statement that we have few medicines of any consequence for drawing pains in the stomach is that none appear in that repertory printed in heavy type, while the careful study which has unearthed *anac.*, *arg. n.*, *phos.*, and *stann.*, consists in the discovery that those drugs are printed there in italics. Yet one more extract from pp. 138-139, "Gnawing—this is, in fact, a metaphorical definition of pain, and refers to a biting, corroding, nibbling sensation. Were you ever *painfully* hungry? Well, that explains it. Gnawing is the opposite of soothing, softening, comforting or a refreshing sensation. For this symptom we have two leaders—*cina.* and *sep.*" Of course *cina.* and *sep.* are in heavy type in Kent, but the discovery that "gnawing is the opposite of soothing, softening, comforting or a refreshing sensation" belongs to Dr. Dienst.

So it goes on all through the book—Kent's material strung together by means of this feeble sort of "gag." The result

is that instead of having the symptoms with their remedies arranged plainly so that they can be easily found, they have to be hunted for amongst a lot of useless verbiage, and so the first desideratum of a repertory, viz., that it should be easy to consult, is wanting. Dr. Dienst seems to have been conscious of this defect, for he has appended an index ! An index to a repertory is something of a curiosity.

Even the copying of the lists of medicines from Kent has been carelessly done and there are several mistakes. For instance, *cic. v.*, p. 106, last line, should be *cit. v.* ; *nat-c.*, p. 125, line 12, should be *nat-s.* ; *carb. v.*, p. 129, line 22, should be *carl.* ; *am.*, p. 144, line 18, should be *aur.* ; *nux v.*, p. 148, line 5, should be *nux. m.* ; *stann.*, p. 169, last line, should be *stram.* ; *nuph.*, p. 180, line 9, should be *meph.* ; on p. 173, lines 3, 4, *coloc.*, *corn.*, *lach.* and *rhys t.*, are incorrectly put amongst the remedies for "thirst for small quantities, often, before stool."

We do not expect a repertory to contain much original matter, but the production of a new repertory is not justified unless there is either some valuable new material to be incorporated with the old, or some originality in arrangement which will make the repertory more useful for consultation in clinical work than those hitherto produced. Neither of these requirements is met by this book. But if this were all we should simply condemn the book as an unnecessary addition to homœopathic publications. We have a graver fault to find. Though practically all the important material of the book is taken bodily from Kent's repertory we find no acknowledgment of this fact. Kent's name is not so much as mentioned. There is only the statement in the preface "This work is compiled from the leading repertories." It is left for the reader to infer that the compiler has carefully selected from the principal repertories what has successfully passed the test of his own medical knowledge and experience and has presented it to the profession.

The last sentence of this book runs "May the above prove a veritable mine of information to every lover of a true knowledge of the law of similars." The mine is an old one, and another than Dr. Dienst has already extracted the ore.

*T. B. Browne's 1908 Directory.*

This is the annual directory of advertising mediums, issued from T. B. Browne's Advertising Offices, 163, Queen Victoria Street, London, E.C. It contains specimen advertisements and articles on the art of advertising, and a list of London, Country, Colonial, American, and Foreign newspapers and magazines open to receive advertisements, with a short description of the newspaper or magazine and its scale of charges for advertisements. An indispensable reference book for those wishing to advertise largely and widely.

**Notices, Reports, &c.****LADIES' GUILD—LONDON HOMŒOPATHIC HOSPITAL.**

THE Annual Meeting of the Ladies' Guild was held on Thursday, January 30, in the Board Room of the Hospital at Great Ormond Street. In the absence of the President of the Guild, the Countess Cawdor, Mrs. R. W. Perks, the President of Executive Council, presided, and there was a large and representative gathering of members, including many of the Presidents and Secretaries of Branches. Among those accepting were Mrs. R. W. Perks (President), Mrs. Holman (Hon. Secretary), Mrs. Algie, Mrs. Barker, Mrs. Blackie, Miss Buswell, Mrs. Crowder, Mrs. Cooke, Mrs. J. Chapman, Mrs. Spencer Cox, Mrs. David Capper, Miss Dixon, Miss Edmonds, Madame Erba, Miss Jones, Miss Fagan, Mrs. Kimber, Mrs. Knox Shaw, Mrs. Lidal, Mrs. McDowall, Mrs. E. H. Morton, the Misses Price, Mrs. Fellows Pearson, Mrs. Powell, Mrs. Wm. Radford, Miss Spence, Mrs. Smith, Mrs. and Miss Sharp, Mrs. Strong, Mrs. Alfred Spalding, Mrs. F. E. A. Trayes, Mrs. C. Whately Willis, and Mrs. Yarrow.

The sixth annual report was read by the Hon. Secretary, Mrs. Holman, as follows :

The Council has much pleasure in presenting to the Ladies' Guild the *sixth* annual report. There are at present in the eight Branches of the Guild 419 members, which is a slightly smaller number than that of last year. The Council recognises that in a Guild of this size the number of members is

certain to vary from year to year, and so gratefully records the fact that each year has found new members joining each of the Branches, and that the losses sustained in membership have almost always been from natural causes—from death or from removals from particular neighbourhoods.

The Council earnestly impresses upon the members of the Guild that their help in obtaining new members will be most thankfully welcomed by Presidents and Secretaries in each Branch.

The membership is as follows :—

					Members	
					1907	1906
Hampstead Branch	...	...	...	...	108	113
Highgate	„	...	...	...	69	70
Tulse Hill	„	...	...	...	33	35
Kensington	„	...	...	...	50	41
Crouch End	„	...	...	...	25	25
Bloomsbury	„	...	...	...	82	84
South Kensington Branch	...	...	...	...	14	15
Southend and Westcliff	„	...	...	...	38	38
					419	421

The amounts paid by the various Branches of the Guild to the Hospital are as follows, from the audited financial account :—

					1907	1906
Hampstead Branch	...	...	...	...	£54 4 5	£60 19 6
Highgate	„	...	...	...	30 0 0	40 0 0
Kensington	„	...	...	...	26 1 0	35 0 0
South Kensington Branch	...	...	...	...	6 6 0	9 15 6
Bloomsbury	„	...	...	...	40 0 0	41 7 6
Tulse Hill	„	...	...	...	15 4 6	11 11 0
Crouch End Branch	„	...	...	...	9 2 0	7 7 0
Southend and Westcliff Branch	...	...	...	...	18 0 1	
					198 18 0	206 0 6

In addition to this the Kensington Branch paid to the Hospital (the result of a Concert given by Mrs. Marshall and Mrs. Loring) the sum of					45 0 0	
The Highgate Branch paid to the Hospital from Mrs. Marchant, from the sale of a picture left from Sale of Work					10 0 0	
The Southend and Westcliff Branch paid to the Hospital, the proceeds of a Concert...					4 17 0	
The Hampstead Branch (Donation to Building Fund)					4 4 0	
The South Kensington Branch (Donation to Building Fund)					3 0 0	
Making a total paid to the Hospital by the Ladies' Guild of					£265 19 0	

The Council feels that this financial result of the past year is all the more satisfactory as the large amount collected by the Hospital from their special appeal interfered to some extent with the usual subscriptions given to the Guild.

The eight Branches of the Guild have sent the following number of garments to the Hospital :—

				1907		1906
Hampstead Branch	...	...	...	196	...	135
Highgate	"	...	...	35	...	56
Tulse Hill	"	...	...	43	...	55
Kensington	"	...	...	75	...	124
Crouch End	"	...	...	43	...	41
Bloomsbury	"	...	...	74	...	104
South Kensington Branch	...	...	...	17	...	28
Westcliff	"	...	...	49		
				532		543

The Council warmly thanks the members in each Branch who show their special interest so generously by making and giving these garments, which add so much to the comfort both of the patients and the nurses in the wards of the Hospital.

The Council also thanks those members of the Guild who visit regularly in the wards of the Hospital and take an interest in the patients.

The adoption of the report was moved by Mrs. R. W. Perks, who referred to the steady progress made by the Guild, Mrs. Blackie seconding and Dr. E. A. Neatby speaking in support.

Mrs. Whateley Willis announced a Garden Fête and Sale of Work to be held in June next at 11, Kensington Palace Gardens, kindly lent by Mrs. Perks for the occasion, to raise £500, guaranteed by the Ladies' Guild for the Building Extension Fund of the Hospital, and then Mrs. Whateley Willis proposed the re-election of the President of the Council, Mrs. R. W. Perks, and of the Hon. Secretary, Mrs. Holman, Mr. Knox Shaw seconding. Dr. Giles F. Goldsbrough proposed the thanks of the meeting to Mrs. R. W. Perks for her presence there that day and for energy on behalf of the Hospital. Mrs. Blackley seconded the vote, which was unanimously tendered.

Membership of the Guild implies either a subscription to the Hospital through the Guild, £1 1s., and 2s. 6d. to

the Guild funds, or a subscription of 5s. to the Guild funds and the providing of at least two garments.

The Ladies' Guild is undoubtedly a very important auxiliary to the Hospital, and its sphere of usefulness is capable of unbounded expansion. We wish it every success.

Those interested in the work of the Hospital, or who would like to see over it, can do so any weekday between 11 and 5 o'clock on application to the Secretary, Mr. Edward A. Attwood.

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#### BRITISH HOMŒOPATHIC SOCIETY.

THE fifth meeting of the session was held at the London Homœopathic Hospital on Thursday, February 6. Dr. A. Speirs Alexander, the President, was in the chair.

Walter Percy Purdom, M.R.C.S., L.R.C.P.Lond., was unanimously elected a member of the Society.

Dr. ROBERSON DAY showed a child, aged 9½, illustrating "the Mongolian type." The child, who seemed fairly well developed physically, was fidgety and nervous, and very indolent and backward, being only able to spell out words of one syllable after from four to five years' teaching at a special school. A distinctive feature was the upward and outward slant of the eyes, which has given to this variety of defective development the name of "Mongolian." Both parents and two other children are normal.

Mr. KNOX SHAW exhibited a unique specimen of an intestinal diverticulum lying detached in the gluteal region beneath the skin, and which had been removed by operation. The child had been brought when an infant, in 1893, with a tumour in the buttock, of bluish appearance, soft to touch, of about the size of a tangerine orange, and divided into two lobes, one occupying the buttock and the other the anal cleft. The portion in the anal cleft was then thought to be a congenital sacral tumour; it was operated on, and green fluid was evacuated, which was considered to be meconium. An incision into the lateral gluteal portion disclosed a fold of intestine. Nothing further was done, and the wound was closed. Fourteen years later, in November 1907, the patient came again on account of a tender and painful swelling in the gluteal region, which prevented her riding a bicycle, and

was uncomfortable on sitting. A vertical incision was made over the middle of the swelling, and a sac with smooth walls was opened, and which contained a coil of intestine 10 in. in length, and having a lumen of from  $\frac{3}{4}$  to  $1\frac{1}{4}$  inch. It was of horseshoe shape, the two ends of the horseshoe being united by an intervening cyst. It had no communication with the rectum or any other portion of the intestinal canal, but was packed with fæcal matter, which, however, contained no traces of any alimentary material, such as animal or vegetable fibre or starch grains.

Dr. NEATBY showed an enormous fibro-sarcomatous tumour which had been removed, *post mortem*, from a woman on whom he had operated thirteen years ago. Nodules recurred within a year of operation, and gradually grew till the tumour attained this large size, weighing 36 lbs. after removal of all fluid. The patient had got about till within six months of death. Microscopical sections of the original and the recurrent growths were shown.

Dr. BURFORD showed, with Dr. SPENCER COX, a large pyosalpinx, successfully enucleated from the pelvis, and enveloped in the densest adhesion.

Dr. JOHNSTONE, F.R.C.S.Eng., of Richmond, then read a paper entitled, "Ascending Infection of Female Genitalia in Relation to Health and Fertility." The paper was illustrated by diagrams drawn on the blackboard, and dealt with the infection of the female genital tract by the gonococcus and the various lesions liable to be set up by it. Sterility induced by gonorrhœal lesions was specially noticed, as well as the liability to re-infection. The paper was concluded by some remarks on treatment.

A discussion followed, which was taken part in by the PRESIDENT, and Drs. MOIR, NEATBY, THOMAS and HEY.

A paper was then read by Dr. W. SPENCER COX, of London, and Dr. GEORGE BURFORD, entitled, "On a Case of Congenital Absence of the Vagina, with Defective Development of the Internal Reproductive Organs." This was a most interesting case, in which there was a congenital absence of the vagina, and for which a plastic operation had been performed by an old-school surgeon to relieve the distress occasioned by retained menses. The

operation had failed to give the improvement sought, and a small pessary inserted to keep the artificial vagina patent had given much pain, and had to be removed. For years the monthly period was attended with much suffering, which for some days each month incapacitated the patient from attending to her duties as a nurse, and at last she consented to an operation being performed. This was carried out by Dr. Burford, and a large hæmatosalpinx of the left tube was found covered and bound down by many adhesions, and was with difficulty removed. The patient became collapsed, and transfusion of saline fluid was resorted to. A good recovery ensued, and the patient was comparatively well for two years, when the pain returned on the other side, and a second operation became necessary. This time a pyosalpinx was found in the remaining tube. It and the uterus were removed, and again, owing to the mass of adhesions, the operation was prolonged and difficult, and the patient's condition necessitated the employment of transfusion, which had to be repeated three hours later in the ward. A perfect recovery resulted.

A discussion was carried on by the PRESIDENT, and Drs. MOIR, JOHNSTONE, KNOX SHAW, HEY, NEATBY, DAY, THOMAS and STONHAM.

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#### BRITISH HOMŒOPATHIC ASSOCIATION ESSAYS ON HOMŒOPATHY.

THE Honorary Secretary will be much obliged if the writer of the essay "*Res non Verba Quæso*," will kindly send his address to him at 43, Russell Square, W.C.

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#### FOLKESTONE HOMŒOPATHIC DISPENSARY.

IN presenting their seventeenth annual report to the friends and supporters of the Institution, the Committee of the Folkestone Homœopathic Dispensary feel, as in former years, that they have reason to be satisfied with the work of the past twelve months.



The Medical Officer's statement shows that during the past year 552 cases altogether have been under his treatment; that of these 513 have attended at the Dispensary and have received 2,218 consultations; and that 39 have been attended at their own homes and have received 496 visits. As in former years, the large majority of the cases thus treated have been either cured or much relieved and there have been no deaths. The greater number of those visited at their own homes were members of the Provident Department; but some were attended either gratuitously or at a reduced fee. Two were cases of typhoid attended at the Sanatorium, and both these made a very good recovery. The Hon. Dental Officer reports that 91 cases altogether have been under his treatment during the past year.

#### LONDON HOMŒOPATHIC HOSPITAL.

LORD CAWDOR, the Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received the sum of £1,000 for the naming of the first female bed in the new extension, to be called the William and Charlotte Clauson-Thue Bed, in memory of the late Mr. and Mrs. Clauson-Thue.

#### B.H.S. GOLF.

Entries for the Golf Tournament of 1908, for the Dudgeon Cup, close on March 31st. Will those wishing to enter kindly send their names without delay to the Secretary?

H. WYNNE THOMAS.

#### BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS and Donations received from December 1st, 1907, to February 17th, 1908.

##### GENERAL FUND.

						Donations.		
						£	s.	d.
Dr. D. Dyce Brown	...	...	...	...	...	16	0	0
Mrs. John Mews (for Laboratory Research)	...	...	...	...	...	95	0	0
Mrs. F. C. Ronald	...	...	...	...	...	1	1	0
						<hr/>		
						£112	1	0

						Subscriptions.
						£ s. d.
Dr. J. T. Ashton	...	...	...	...	...	2 2 0
Mrs. Connor	...	...	...	...	...	1 1 0
Dr. J. H. Clarke	...	...	...	...	...	1 1 0
Mrs. Clarke	...	...	...	...	...	1 1 0
Miss M. A. Dowland	...	...	...	...	...	0 10 6
D. H. Evans, Esq.	...	...	...	...	...	0 10 6
Mrs. Gladstone	...	...	...	...	...	1 1 0
A. K. Hamilton, Esq.	...	...	...	...	...	1 0 0
F. Puzey, Esq.	...	...	...	...	...	1 1 0
C. A. Russell, Esq., K.C.	...	...	...	...	...	1 1 0
J. B. Stilwell, Esq.	...	...	...	...	...	1 1 0
W. B. Stilwell, Esq.	...	...	...	...	...	1 1 0
C. W. A. Stewart, Esq.	...	...	...	...	...	1 1 0
Mrs. von Stralendorff	...	...	...	...	...	1 1 0
Dudley Wright, Esq., F.R.C.S.	...	...	...	...	...	2 2 0
						£16 15 0

## LADIES' BRANCH.

						Subscriptions.
						£ s. d.
Mrs. Cator	...	...	...	...	...	1 1 0
Mrs. Escott	...	...	...	...	...	0 2 6
Mrs. Luard	...	...	...	...	...	1 1 0
						£2 4 6

## LADIES' NORTHERN BRANCH.

						Subscriptions.
						£ s. d.
Mrs. Coop	...	...	...	...	...	0 10 6
John Calder, Esq.	...	...	...	...	...	1 0 0
Mrs. James Dixon	...	...	...	...	...	0 10 6
Miss L. S. Leigh	...	...	...	...	...	1 1 0
Mrs. Lockhart	...	...	...	...	...	1 1 0
M. S. S. and J. K. V. S.	...	...	...	...	...	0 10 6
Mrs. Mills	...	...	...	...	...	0 10 0
Mrs. Herbert Phillips	...	...	...	...	...	5 0 0
Dr. Simpson	...	...	...	...	...	1 1 0
F. Sternthal, Esq.	...	...	...	...	...	1 1 0
Mrs. von Stralendorff	...	...	...	...	...	1 1 0
Mrs. Tennant	...	...	...	...	...	1 1 0
Mrs. Edwin Walker	...	...	...	...	...	0 10 6
						£14 18 0
						Donations.
						£ s. d.
Mrs. J. H. Glover	...	...	...	...	...	1 1 0

## LONDON MISSIONARY SCHOOL OF MEDICINE (PER DR. E. A. NEATBY).

Miss L. Baker (half term training)	...	...	...	...	...	3 3 0
Miss Bertell (winter term and dentistry)	...	...	...	...	...	6 6 0
Miss Brettell (winter term)	...	...	...	...	...	5 5 0
Miss Olive Dick (part term)	...	...	...	...	...	1 1 0
Miss Grant (winter term)	...	...	...	...	...	5 5 0
Miss Hamlyn (winter term)	...	...	...	...	...	5 5 0
Rev. Charles Maisey (winter term and dentistry)	...	...	...	...	...	6 6 0
Miss G. Neaum (dentistry)	...	...	...	...	...	1 1 0
Eubulus Williams Free Studentship	...	...	...	...	...	12 12 0
Mr. Robins (winter term)	...	...	...	...	...	5 5 0
						£51 9 0

## COMPTON BURNETT FUND.

Transferred from the Ladies' Northern Branch	...	...	...	...	...	5 0 0
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### NOTICE TO CORRESPONDENTS.

\*.\* *We cannot undertake to return rejected manuscripts.*

**All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.**

**AUTHORS and CONTRIBUTORS** receiving proofs are requested to correct and return the same as early as possible to Dr. MCLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

**LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.**—Hours of attendance: **MEDICAL** (In-patients, 9.30 a.m.; Out-patients, 2 p.m. daily); **SURGICAL**, Out-patients, Mondays, 2 p.m., and Saturdays, 9 a.m.; Thursdays and Fridays, 10 a.m.; Diseases of Women, Out-patients, Tuesdays, Wednesdays, and Fridays, 2 p.m.; Diseases of Skin, Thursdays, 2 p.m.; Diseases of the Eye, Mondays and Thursdays, 2 p.m.; Diseases of the Throat and Ear, Wednesdays, 2 p.m., Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9 a.m.; Diseases of the Nervous System, Thursdays, 2 p.m.; Operations, Tuesdays and Fridays, 2.30 p.m.; Electrical Cases, Wednesdays, 9 a.m.

Contributors of papers who wish to have reprints are requested to communicate with the Publishers, Messrs. BALE, SONS AND DANIELSSON, LTD., who will make the necessary arrangements. Should the Publishers receive no such request by the date of the publication of the REVIEW, the type will be broken up.

All books for Review should be sent to the Publishers.

Papers and Dispensary Reports should be sent to Dr. MCLACHLAN, 3, Keble Road, Oxford.

Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from Dr. ROBERSON DAY (London), Dr. C. E. WHEELER (London), Dr. THOMAS SIMPSON (Birkdale), Dr. NEWBERY (Plymouth), Dr. EDMUND CAPPER (Leicester), Dr. MIDGLEY CASH (Torquay), INTERNATIONAL PLASMON, LTD. (London), Dr. SCRIVEN (Dublin), Dr. BERRIDGE (London).

### BOOKS AND PERIODICALS RECEIVED.

*St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate, No. 1.*

# THE BRITISH HOMŒOPATHIC REVIEW.

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APRIL, 1908.

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## Editorial Notes and News.

.\* The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

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### **The Future of Homœopathy in England.**

WE desire to call special attention to the two papers read before the recent meeting of the Western Counties Therapeutic Society, and the discussion which followed them. Matters of supreme importance in the annals of British homœopathy must follow the development of the projects brought forward by Dr. Burford and Dr. Ord. The former deals with the founding of a school for teaching homœopathy under the auspices of the British Homœopathic Association and the London Homœopathic Hospital; and the latter paper concerns the obtaining of a supply of students and pupils who, having qualified in homœopathy, might go forth fully equipped to uphold the banner of our cause in provincial towns where at present it is unrepresented. The one subject is complementary to the other. Neither can stand alone. Both call for the most earnest and careful attention of every practitioner and supporter of homœopathy.

\* \* \* \*

### **A Teaching School for Homœopathy.**

WITH regard to the proposal for a teaching school of homœopathy, we were glad to note both at the meeting held at Bristol, and also to some extent at a gathering held in London to consider the same subject, that the following important points seem to have been generally agreed upon as outlining the essential features of the scheme : (1) that

such a school should be commenced in the Metropolis, and under the auspices of the London Homœopathic Hospital and the British Homœopathic Association ; (2) that it should be confined to teaching the principles and practice of homœopathy only, and be in no sense a medical school ; (3) that paid clinical clerkships and scholarships should be instituted to assist impecunious students in the study of homœopathy.

\* \* \* \*

**To Encourage  
the Study of  
Homœopathy.**

To maintain a supply of students for such an institution, and to advance the study of homœopathy generally, the following conclusions were pretty generally arrived at on the occasions referred to : (1) that the most successful time in a medical man's career to bring homœopathy under his notice is within a year or two of his commencing practice, and not, as a rule, when he has just qualified ; (2) that medical students cannot be expected to take an interest in homœopathy, but that when possible they should be given some idea of it before entering the schools, and especially warned of the way they will hear it spoken of and alluded to ; (3) that men wishing to start practice as homœopaths should be assisted to do so as paid medical officers to dispensaries, to be opened in towns at present unrepresented homœopathically ; (4) that there exists an urgent call for two thoroughly and scientifically up-to-date presentments of homœopathy, one suitable for attracting and interesting medical men in the professional value of homœopathy, and the other of a more popular type for the educated public generally.

\* \* \* \*

**Main Points  
Agreed upon.**

THE followers of Hahnemann have not always exhibited facility of agreement as to the lines on which progress should be attempted. The fact that the main points noted in the preceding paragraphs should have been practically decided upon as desirable and needful at the present crisis, appears to us to augur a happy future for the proposed scheme. With such an almost unanimous consensus of opinion we can afford to be generous to any who differ from us on minor points, and we trust this spirit will animate those who meet with opposition or scepticism

in the progress of the undertaking. We noted some dissatisfaction was caused at one meeting by the proposal to put forward pecuniary inducements to men to take up the study of homœopathy. Probably the more detailed proposals now presented will allay any doubt as to the propriety of the idea. That lack of funds shall never be a hindrance to the study of homœopathy is surely a proper and laudable ideal. Let it be known that every earnest enquirer into the truths we profess will, if need be, receive assistance under proper conditions, and, should he determine to adopt homœopathic methods, and qualify under the ægis of the new school, will be offered a stipendiary dispensary post with a view to starting in practice for himself, and we believe men will come forward and avail themselves of such offers. Such inducements may, in our opinion, be very properly considered, and will aid the advance and spread of homœopathy.

\* \* \* \*

THE following quotation demands most serious consideration. In the *British Medical Council* *General Medical Council* *Journal* of February 2, 1907, a leading article on "Professional Misconduct and the Law" concluded with these ominous words: "There is one other matter relating to this case which calls for brief comment. In accordance with the procedure at present adopted by the General Medical Council, documents of a highly confidential character are received by it for the purpose of dealing with disciplinary cases. The knowledge that such documents might at some time or other be produced in a court of justice would inevitably deter persons from making communications to the Council. In the course of proceedings before Mr. Justice Warrington, the Registrar to the Council was called upon, a subpoena *duces tecum*,<sup>1</sup> to produce a file of documents. Counsel for the Council objected, and even went the length of saying that the Registrar would

<sup>1</sup> *Duces tecum, Subpœna.*—If a person, even if he be a party to a cause, have in his possession any document, &c., which it is desired to put in evidence at the trial, instead of the common subpoena, he is served with a subpoena *duces tecum*, commanding him to *bring it with him* and produce it at the trial. To refuse to obey is "contempt of court," and this is a *crime*, and punishable as such,

rather be committed for contempt of court than have it laid down that all such documents should be produced . . . . The incident shows that the General Medical Council will strenuously resist any attempt to violate the confidential character of the documents submitted to it in disciplinary cases." It shows a good deal more than that. All this is but the *thin end of the wedge*, and every medical practitioner in the land should rise up in indignant protest, and sweep such a corrupt oligarchy away root and branch.

\* \* \* \*

**No New Thing  
under the  
Sun.**

HISTORY is merely repeating itself. In 541 A.D., the decrees of four general councils were made part of the imperial statute, that everyone *suspected* of heresy, who could not satisfy the Church of their innocence, were declared *infamous*. It will be seen that the "suspects" were presumed to be guilty until they could establish their innocence before a council that did not desire them to be innocent. It is one of the most glorious traditions of the Laws of our country that everyone is presumed innocent till he is proved to be guilty. The name of the informer was kept secret, the evidence was taken down before a notary and two priests, the accused got no list of witnesses, was kept in prison till his trial, and was tortured into confession. If the evidence was insufficient, he was still compelled to "abjure," with certain penalties. Such was the Papal Inquisition. Are the methods of the General Medical Council so very different? And yet we have only got to the *thin end of the wedge*.

\* \* \* \*

**The Spanish  
Inquisition.**

BUT it was in Spain that the Inquisition flourished most. An Inquisitor-General for all Spain was appointed in the person of Fra Thomas de Torquemada. Even kings found it politic to say that the Grand Inquisitor's power was greater than that of the throne. Napoleon the Great, in 1813, abolished the Spanish Inquisition. We want another Napoleon to turn his attention to the General Medical Council, whose procedure "is simply abominable and incompatible with the proper administration of justice."—(*Truth*, February 20, 1907.)

\* \* \* \*

THAT the General Medical Council should possess such unlimited power, a power from which there is no appeal to the High Court of Justice, is, as has already been remarked, "a national peril," and a menace to the health and well-being of the State. It is worse: it is a moral cancer, the only cure for which is total excision. For what is a cancer but an independent and lawless growth; an "anarchy of cells"; a generation of cells growing independently of, and at variance with, the laws that regulate the growth of healthy tissue; an independent and hostile brood, *living for itself*—the concentrated essence of *selfishness* and *lawlessness*, and growing independently of the needs of the parent organism, and of the laws that regulate normal growth. It is too late to talk of reform: you cannot reform a bad egg. The only cure is early and free excision. Unless this is done, the day is not far distant when Herod and Pilate will bury the hatchet and shake hands over the crucified body of One whom they declared free from fault, but it was expedient that one man should die, that the *Nation* perish not—they *meant* the hierarchy, the priestly caste, though they *said*, "Nation."

\*     \*     \*     \*

ACCORDING to JACQUET this is merely symptomatic of some irritation. Any local irritation, of whatever nature, can provoke the disease in a predisposed individual, *e.g.*, some dental lesion, or the abnormal cutting of a tooth. According to this theory, it is not necessary to apply antiseptics to the affected patch; all that is required is *to attend to the patient's general health*. Jacquet asserts that this treatment cures more rapidly and certainly than any other method. He is supported in his opinion by numerous French dermatologists, such as Bresnier, Brocq, Jeanseline, and Leredde. In accordance with these views the Paris Board of Health has advised the Prefect of the Seine to rescind the regulation concerning the isolation of affected school children. In the *Medical Press*, April 24, 1907, the extract is made to refer to *tinea capitis*, or ringworm, but this is surely a mistake. There can, unfortunately, be no doubt as to the contagiousness of ringworm, though the late Erasmus Wilson stated that the

**Alopecia  
Areata.**



parasitic theory of ringworm did not commend itself to him. We quite admit that the presence of the parasite is not the *whole* truth, for there must be a *soil* as well as *seed*, and therein lies the great superiority of homœopathy in this and similar affections.

\* \* \* \*

**Mergal.**

MERGAL is the name given to mercuric cholate, a compound which contains 23 per cent. of mercury. It is put up in capsules containing  $\frac{3}{4}$  grain of mercuric cholate and  $1\frac{1}{2}$  grains of albuminate of tannin. The claim is made for it that it is easily tolerated by the digestive organs and kidneys, so that the system can be induced to take more mercury in this form than in any other. For this reason, Dr. David Sommerville, writing in *Folia Therapeutica*, recommends its employment in syphilis. In connection with this subject he makes the following remarks: "The old objections to internal treatment, such as its unreliability, impossibility of administering large quantities of mercury, irritation of organs of digestion, &c., are vanishing through the more scientific work of modern clinicians. Where the urine is constantly tested very effective control can be exercised over the quantities of mercury eliminated and retained; and where the fæces is (*sic*) likewise analysed this control may be practically exact. It is hardly necessary to-day to urge that both excretions should be so constantly analysed. The accidents of the past had their origin in irregularities of absorption and retention with which the clinician made no efforts to acquaint himself. Not so now; careful laboratory work must control degrees of toxicity effected in the administration of mercurial drugs as in the administration of vaccines, &c."

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**Expensive  
Allopathy.**

THE above paragraph may well give rise to some reflections. A good deal of correspondence has been going on lately in the allopathic medical journals with regard to the hard times the general practitioner is having in his struggle with the competition of consultants on one side, and the gratuitous advice given at the hospitals and dispensaries on

the other. If the kind of treatment advocated in the preceding extract from *Folia Therapeutica* becomes general there will not be much hope for him. Only the wealthy will be able to bear the expense of the constant urinary and fæcal examinations necessary to ensure that they will not be poisoned by large doses of drugs pushed to the verge of toleration, and continued over long periods of time. In this instance, that of the treatment of syphilis by mercurial, a two years' course is recommended. This would mean a very long bill, and the man who could afford to pay it would be more likely to pay it to a consultant than to a general practitioner. The poor man, or the man of but very moderate means, would have no choice but to try to get himself accepted as a patient at a hospital, much though his pride of independence might be wounded by so doing. But we forgot; another course would be open to him. He could call in a homœopath, who would not so nearly poison him as to be obliged to make frequent and expensive pathological examinations of his excretions to prevent the line of safety being crossed.

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**Human and  
Bovine  
Tuberculosis.**

ON November 12, 1907, Dr. Nathan Raw, Physician to the Mill Road Infirmary, Liverpool, gave a lecture at the Medical Graduates' College and Polyclinic, London, on "Tuberculosis," in which he enunciated the theory he has formed with regard to the subject, founded on the researches he has been engaged in during the last few years. He believes that tubercle bacilli are divisible into two distinct types, the human and the bovine, and that these have their distinct spheres in the human subject. The tubercle bacilli of the human type produce phthisis pulmonalis, ulceration of the intestines, and tuberculous laryngitis, whilst those of the bovine type produce tuberculous peritonitis, tuberculosis of the lymphatic glands, tuberculous joints, meningitis (probably) and lupus. He considers that these two kinds of tubercle bacilli are, generally speaking, antagonistic to each other, and that vaccines prepared from their cultures should be used to treat the form of tuberculosis produced, not by the same bacillus, but by the alternate one. Thus phthisis pulmonalis, which is caused by the human type of bacillus, should be

treated by a tuberculin prepared from a culture of the bovine bacillus, while lupus, which he thinks is produced by the bovine type, should be treated with Koch's tuberculin R, which is manufactured from the human bacillus. He has worked on these lines in his own practice at the Mill Road Infirmary with great success. This is interesting, if correct, for it would show that the tuberculin which is the "simillimum" rather than the "idem" of the disease is the more effectual.

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**Typhoid  
"Carriers."**

A RECENTLY issued Parliamentary paper contains a report to the Home Secretary by Dr. R. W. Branthwaite, H.M. Inspector under the Inebriates Act, giving some details concerning an outbreak of enteric fever at Bentry Certificated Inebriates' Reformatory. It appears that there was no infectious illness in the institution prior to the latter part of 1906, but between September, 1906, and November, 1907, twenty-eight persons were attacked with enteric fever, of whom two died. The cases occurred at irregular intervals, but always in batches, three, four, or five sickening at or about the same time, evidently from a simultaneous infection. Enquiry elicited that one of the inmates, a dairymaid, had had an attack of typhoid six years previously, from which she had apparently completely recovered. She was removed from the dairy and on examination was proved to be in a highly infective state. The epidemic had started after her admission to kitchen work, where she was able to contaminate the food and milk in a modified degree, and became more virulent after she was given dairy work only. Dr. Branthwaite "thinks it will ultimately be found that the apparently robust human carrier will prove to be the cause of many such occurrences." He advises thorough examination of persons who have previously had typhoid before they are allowed to take posts concerned with the handling or distribution of food, as well as greater care to ensure strict cleanliness of the hands and finger-nails of all persons employed in the preparation or manipulation of food, and that special measures for cleanliness should invariably follow attention to the calls of nature by persons so employed.

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**Delayed  
Chloroform<sup>1</sup>  
Poisoning.**

IN the *Lancet* of February 29 are related, by four different observers, no fewer than seven cases of delayed chloroform poisoning, all of which have occurred since last June. They all happened in children, the eldest aged 14 and the youngest 1 year and 9 months. These two, the eldest and the youngest, recovered; the other five died. The symptoms came on within a few hours of the administration of chloroform. Retching and vomiting of coffee-grounds fluid, a quick, feeble pulse without corresponding rise of temperature, debility, drowsiness passing into coma, the smell of acetone in the breath and its presence in the urine, were the prominent symptoms. With the exception of one case, the patients were under the chloroform for a short time only—from seven to twenty-five minutes. The autopsies of those who died showed fatty degeneration of liver and kidneys. The history of these cases reminds one very much of phosphorus poisoning, as do also the *post-mortem* changes in the liver, and we should like to see the result of treating a case of delayed chloroform poisoning by phosphorus.

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**Phosphaturia  
and Gleet.**

THE late Mr. Reginald Harrison, F.R.C.S., in a note to the *Lancet* (February 8), says that he has frequently observed during the treatment of gleet that the urine has become altered in character and assimilated with the condition known as phosphaturia, and that following this change in the urine gleet has ceased, either spontaneously, or from the treatment adopted for the phosphaturic state. He inferred from this that the phosphatic state of the urine was inimical to the gonococcus, and also made the further inference that the artificial production of phosphaturia would be an efficient method of treatment in cases of gleet. To effect this he gave alkalies, usually bicarbonate of potassium, in doses sufficient to make the urine alkaline to test paper, and maintained this condition for some time, suspending meanwhile all local treatment of the urethra. He usually found that after ten days or so, as the phosphaturia passed off under the influence of the altered treatment and diet appropriate to it, the gleet was cured.

<sup>1</sup> See vol. i., pp. 447-50.

## Original Articles.

### THE PROBLEM OF HOMŒOPATHIC PROFESSIONAL EDUCATION: DATA FOR ITS SOLUTION.<sup>1</sup>

By GEORGE BURFORD, M.B.

*Senior Physician for Diseases of Women to the London Homœopathic Hospital;  
Consulting Physician to the Phillips Memorial Hospital at Bromley; to the  
Tunbridge Wells Homœopathic Hospital, &c., &c., &c.*

#### Introductory.

THE fundamental instinct of self-preservation calls for the institution of a well-equipped training school, to teach and demonstrate the principles and practice of homœopathy. Without an appointed and permanent educational centre, our significance in medical history is that of a passing phase; our value an influence merely, and not that of a new epoch in science. To avoid arrest of its evolution, homœopathy must continuously develop its vital functions of academic teaching, clinical demonstration and research work, as essential for its own maintenance.

Our academic teaching has been a fitful luminary, now radiating brightly, and now obscured. What other science is left without systematic exposition of its principles and facts by the *vivâ voce* or University method, essential for effective instruction? Of what value would be the Practice of Medicine course in a student's curriculum devoid of the balanced views, the inculcation of the proportion in facts, emanating only from the lecturer's chair? The appeal to books as an educational instrument is and always has been of quite low value compared to instruction *ex cathedra*.

Our clinical resources have, hitherto, been far ahead of our academic provision. Our hospitals have always adopted the policy of the open door to professional enquirers; and great have been the services thus rendered to homœopathy and homœopaths. Our homœopathy, indeed, is what our hospitals have made it. It would be idle to ignore that, organized *ad hoc*, the working value of our hospitals would be enormously increased for clinical demonstration and exposition. The

<sup>1</sup> A Paper read in recent time in London and Bristol: revised and amplified.

isolated educational efforts of our hospitals have led to the usual wastage of effort due to detachment, or the usual paralysis of effort due to a sense of insular inadequacy. The courteous conduct of a professional stranger round the wards is good, and the admission of a post-graduate student to the practice of the hospitals is better, but only the thick-witted would laud this as thorough-going education. It is a part, not the whole.

Our research work—to those with the faculty of insight, this little cloud on the horizon, no larger than a man's hand, is charged with new and potent fertilizing powers for the somewhat arid field of professional education. Merely to revive educational methods of aforetime may and will be but to repeat the halting results of aforetime. But to import a new interest into the solution of the problem—an interest which affects academic and clinical teaching at every turn—is to have imported a complementary force of the highest value. Such a complementary force of the greatest promise is research work conducted on homœopathic lines.<sup>1</sup>

What are the canons which should regulate the development of a homœopathic educational institution in this country? They are fourfold:—

(1) The utilization, in whatever way is available, of the already established public homœopathic institutions. This is proceeding on the lines of least resistance, and turning to account the existing homœopathic organizations, each in its own way.

(2) The federation, for educational purposes, of all the homœopathic hospital and other germane interests in this country. Isolated educational activities imply wastage and overlapping.

(3) Continuity of operation. Regularity of work, at prescribed times, is a main element in the attractive power of a school. Occasional work is taken to mean casual work.

(4) Linking up the educational plan with certain necessary antecedent steps and collateral activities. Any educational scheme is but one element in a larger plan of campaign.

<sup>1</sup> See paper by Dr. Wheeler, on "The Relation between the Administration of Phosphorus and the Opsonic Power of the Blood over the Tubercle Bacillus."

Detached from preparatory measures, devoid of collateral buttressing, any such scheme will soon cease to be. Its base is not sufficiently large for it to stand alone.

To these canons any successful educational establishment must conform.

### **Our Sphere of Educational Operation.**

What is the proper scope of a homœopathic professional school? I answer at once—to teach homœopathy. Lest any deem the question and answer unnecessary, I here say I have heard from a presidential chair the desire expressed that in time we may have a fully equipped, legally recognized homœopathic school for the purpose of full professional qualification. To which I reply that this is absolutely impossible; not worth wasting a minute in time or a sixpence in cash upon. Think the matter out. It means the many-sided provision for a five years' curriculum; it means classes of anatomy, physiology, surgery, medicine, obstetrics, jurisprudence and others to found; it means teaching equipment, including well-stocked museums for each subject, laboratories for practical work, and all the necessary buildings to provide. When all this is completed, where are we? An absolutely untried school, with no experience, no traditions of success, and only a very limited call for our educational services. Who are our competitors? The orthodox medical corporations, with their vast establishments, their world-wide reputations, their old and tried teaching capacities—competitors in the teaching of every subject save one. To quote Kipling's elephant when the alligator had him by the nose, "This is doo buch for be."

### **A Homœopathic Course in the Student's Curriculum.**

"But," puts in a sagacious critic, "let us specialize; let us teach that subject—the homœopathic practice of medicine—that we and none others can teach; let us make proper provision, and teach it as systematically as the practice of medicine in a student's curriculum; and let us ask for the recognition of our homœopathic practice of medicine course, on equal terms with and as substitutionary for the old school course." Very well; to whom are we to appeal? To the Licensing Bodies. Now the appeal has already been made—by the late

Dr. Hughes—to the most catholic and democratic of them all, the University of London. What was the response?" That the authorities did not propose to consider any such request.

From their point of view I consider the objection well maintained. Practice of medicine infiltrates into surgery, obstetrics, and the specialities; and we cannot black out occasional old-school medicinal patches in the student's *régime* like politics in the Russian newspapers. From our point of view, I strongly object to any plan which would make students less well-informed than before. Our credit is that our men know the whole of the practice of medicine in both schools. I say, remove the stigma which attaches to the knowledge of homœopathy, not the acquaintance with the orthodox side of the shield. Our aim is to increase, not to lessen, professional knowledge.

#### Hospitals and their Official Recognition.

With infinite regret, the *coup de grace* must be given to the baseless idea that our hospitals, if raised to a certain number of beds, can qualify thereby as legally recognized teaching centres. How this idea arose among us I do not know; but the sooner it is sent to limbo the better, for it is a "terminological inexactitude." If we are in search of facts and not fiction, the current notion that the General Medical Council may be called on to formally recognize a hospital with a certain number of beds is erroneous. They cannot, even if they would. A communication from the Registrar of the General Medical Council makes this quite clear. It is in the power of the Licensing Bodies to prescribe what the amplitude of hospital service must be, to qualify students applying for examination; and the various Licensing Bodies do as seems good in their own eyes. What recognition they are inclined to extend to homœopathic teaching we have already seen; nor is it in the least degree probable that the arithmetical-bed argument would weigh in the least with them.

#### Deductions.

To summarize: the definition of the proper scope of a British Homœopathic School is clear and precise.



We cannot establish a self-contained, legally qualifying school; vested interests are too much for us.

Nor may we stand, cap in hand, seeking admittance for our special subject to the Examination Boards of the Licensing Bodies. They will have none of us.

Plainly, then, our line of least resistance is a post-graduate school, prepared to teach homœopathy, though without State recognition; to specialize on post-graduate work, carrying educational weight, but not conferring legal powers to practise; to teach a subject we alone can teach, but as a voluntary addendum to the courses of the legally qualifying establishments.

Thus we are thrust back upon the bed-rock of ourselves and our own efforts; and here the Æsopian account of the interview between Hercules and the wagoner may stimulate us.

#### Programme—Detail.

Our full-orbed programme divides itself into two hemispheres: (1) the machinery of education, and (2) the attraction of an interested audience.

Now for the machinery of education. Let us take as our exemplar the plan of University instruction in the subject of medicine—the highest type of twentieth-century education.

We have the academic part: the systematic imparting of the natural facts which constitute the science. This in homœopathy implies (1) an academic *materia medica* course, and (2) an academic therapeutic course. These are the ordinary systematic lecture courses.

#### The Penalty of Detached Teaching.

Now comes the first pitfall. If we detach our subject from its affiliated medical studies, and specialize on teaching it alone, our teaching will fail unless we balance its detachment by those forces which keep teaching vital—I mean research and discovery. I say at once, unless we found and support our specialized teaching on simultaneous research and investigation work, that we are riding for a fall; our teaching scheme is but a flash in the pan. Mr. Balfour pointed this out some time ago when he spoke of observation

and research being as important functions of medical institutions as the communication of facts already known. The whole trend of higher criticism on education is to seriously decry the value of the lecture as the chief factor in education work. And unless and until we can constantly keep our homœopathic teaching vitalized by new observations and new researches, we may as well put our lecture schemes in our pockets, for our day is gone. Our establishment, therefore, for teaching must include investigation work in some form, as well as teaching work. I do not lose sight of the fact that research may be carried on in the library as well as in the laboratory.

#### **The Clinical Resources of British Homœopathy.**

And now to the teaching of homœopathy as an applied science. In doing so, let us (1) follow the direction of least resistance, as a school not yet in being: and (2) let us utilize to the full the institutions already in existence which can be turned to this account.

Fortunately, in England, the possibilities of demonstrating homœopathy as an applied science are numerous, if we only have the wit to turn them to account. And for some time to come this section of our teaching must bulk far more largely than that of the academic side.

In England we have three homœopathic hospitals in University towns where medical students are educated: The London, with 100 beds at present, and 150 in the near future; the Liverpool, with 50 beds, of 90,000 attendances per annum; and the Birmingham, with 45 beds, and an out-patient roll of 20,000 attendances and visits per annum. I suggest that these three larger hospitals might specifically provide for the clinical demonstration of homœopathic practice to recent graduates. What active measures to adopt to bring institutions and graduates into touch I will particularize by-and-by.

And as regards these University-town hospitals: a Gibbs-Blake Scholarship for Birmingham, a Drysdale or Hayward Scholarship for Liverpool, and a Hughes or Dudgeon Scholarship for London, of £30 for three months, tenable twice yearly, and for purposes of instruction, are such details as, being suggested, may be improved on and added to by local knowledge.

**The Problem of Creation of a Professional Interest.**

I have thus reviewed the machinery of education. I now turn to the far more important section of creating an auditory. The crux of the problem is the provision of students. No fallacy is more absurd than that which assumes the existence of an unknown quantity of qualified enquirers, willing to investigate homœopathy without prejudice. Verily the quantity is unknown. It does not exist. It has to be created. And to be created we must enormously increase our drawing power. Our subject is off colour ; our names are not those to conjure with in an alien camp ; we have to fish with other bait. When we have made all due preparations for post-graduate students, we must take active measures to bring ourselves in contact with these. I mean such measures as invitation card or circular letter to every recent graduate in the locality, as soon as his name can be obtained from the published lists ; as regular advertisement of the fact, say once quarterly, in the public Press ; as the persistent following up, by invitation, of such recent graduates known to our colleagues as born in homœopathic circles ; and last, but not least, by the attractive power of finance coupled with science.

**Our Faculty for Isolated Action.**

Before I embody these suggestions in a final programme, I wish to specify what has been the cankerworm in the professional teaching of homœopathy in England. From the time of the decline and fall of the London School of Homœopathy down the succeeding years in which short-lived attempts—and they were numerous—were made to revive its work, up to the time of the re-handling of the problem by the British Homœopathic Association, the fatal flaw has been the lack of concerted action. Our institutions capable of affiliation for teaching purposes, such affiliation as that of Liverpool, Sheffield, Leeds and Manchester, in the aforetime Victoria University, I say, our potential training institutions now live in an isolation as severe as though they belonged to different planets. And unless we mend our ways in this respect we shall but plough the sands like our predecessors. Our only hope lies in concerted action, and I consider the

gravest responsibility lies upon those who may prefer that detachment which inevitably leads to sterility.

**To Enlarge our Basis of Persistence.**

An examination of the evidence shows that the student desire for investigating homœopathy in any one large town—even the Metropolis—is always of low value and is soon exhausted. The proper course to take is not to break up the establishment but to alter the venue. For homœopathic professional teaching to be continuous and successful we must consider England as one generalized town—quite an American view—and not labour at isolated spots therein, each too limited to afford a continuous post-graduate yield. As from radioactive matter the yield of the desired material is continuous, but of total average value, rapidly exhausted, and requires time for regeneration. The decadence of the London School of Homœopathy, and of all the similar attempts which have failed to persist since, is due to the same habit of operating in isolated areas, soon exhausting the local drawing power, and thrashing the depleted stream for denizens who no longer exist.

**The British Homœopathic Association.**

I have stated how necessary it is for us to utilize the existing British institutions for a work like this which pre-eminently requires national co-operation. The hospitals have been considered, and now remains the British Homœopathic Association. The educative operations of the Association have been considerable. When I say that all the lectures and lecture courses to professional men for the last five years have been organized, and in great part paid for, by this body; that, pending the establishment of a permanent academic-clinical course on homœopathic medicine, they have awarded nearly £600 in foreign scholarships for work abroad; that their research laboratory has already produced some notable results, and, moreover, has just received £60 for further outfit, and £70 per annum for upkeep, and for an indefinite period, from one source; and when I add the funds (nearly £1,600) already collected for a Burnett Professorship, and further, that in recent years the Association has put itself into communication

with nearly every professional homœopath in Europe and the Colonies—you will gather that the British Homœopathic Association has had some experience in this educational problem. It has been compelled to recognize the impossibility of founding a permanent school in England, unless by nationalized co-operation; and it would, I am sure, hail this or any similar movement as exactly after its own heart in achieving such an object.

### **The London Homœopathic Hospital.**

But I cannot leave this part of the subject without also specifying the splendid services rendered to homœopathic professional education by the London Homœopathic Hospital. Since its foundation, and especially at the time of the London School of Homœopathy when its educational activities may be said to have reached the zenith, the hospital has ever been in the forefront of efforts for effective homœopathic professional education. I myself, during the last twenty years, have taken active part in several of such educational activities, particularly in that of 1895, when, with Mr. Dudley Wright, as co-secretaries, we succeeded in carrying through a many-sided course with a dozen students, more or less, and to which course the late Dr. Dudgeon contributed his last public lecture. But the experience thus gained, increased and emphasized by the similar revival of teaching work at the hospital by the British Homœopathic Association some five years ago under the direction of Dr. Searson, made it abundantly clear that any one hospital or institution, for reasons I have specified, could not, by its own limitations, successfully carry on the work of homœopathic professional education for graduates in an isolated way. Some co-ordinating power was needed from outside, and the older I grow the more I am confirmed in this view.

### **A Table of Suggestions..**

(1) A British School or College of Homœopathy should be constituted—in part local or territorial, in part national. The existing homœopathic institutions, each in its own area, should be invited to affiliate and co-operate with a central body.

(2) The Central Body should, to give it stability, consist of the necessary officers elected as representatives from each hospital. The Central Body should have its clerical offices in London, and its chief operations in the three great University Towns with homœopathic hospitals.

(3) Each larger hospital to be the head centre of its own district, and to work up its own territorial area. These head centres to be in each case autonomous—with independent expansion—but their work co-ordinate and energized by their union with the Central Body.

(4) Clinical demonstration is the natural function of the larger hospitals in regard to teaching duties; lecture demonstrations or ordinary ward visitation to be regularly announced, but the clinical side of educational work to be thoroughly developed by the hospital.

(5) Systematic lecture-courses to be provided by the Central Body, and delivered in connection with each larger hospital in rotation, each year. These courses comprise homœopathic materia medica and homœopathic therapeutics.

(6) Research work to be undertaken under the supervision of the Central Body as part of its establishment. This should be both in conjunction with the systematic lectures and also the clinical teaching work of the hospitals. Provision should be made for it all along the line.

(7) Beginnings can only be small, and the essential thing is to keep the machine going. To this end, we should solicit

(1) the attendance of qualified men in the British Islands;

(2) of post-graduates from the Continental homœopaths;

(3) of post-graduates from the Colonies and India, making it quite

clear that we do not confer titles to practise;

(4) of post-graduates from America—a very considerable number of

whom pass through England annually on their way to the

Continent. If we can give these people what they want, they

will come (if they are well apprised); otherwise, not.

And now we reach one of the most important points—the co-operation of the Provincial Hospitals, other than those mentioned. Research work, subsidized by the Central Board, may fitly be carried on here. I regard it as possible and desirable that residential scholarships should be offered in the better equipped of the Provincial Hospitals by the Central

Board, for post-graduate residence in or out, for, say, three months of each year.

#### Finance.

I again declare my conviction—and all our history is with me—that the school question is one of sufficient finance. We have got to pay, and pay heavily, if we mean business. I do not consider that less than £1,000 per annum will keep a national machinery like this going. And I am quite sure that Great Britain will readily yield £1,000 per annum for this particular object, when well worked and sufficiently provided. It only needs an appeal to the country.

### THE DEARTH OF HOMŒOPATHIC PRACTITIONERS.<sup>1</sup>

BY DR. WILLIAM T. ORD.

*Fellow of the British Homœopathic Society.*

IN a brief paper in the second issue of THE BRITISH HOMŒOPATHIC REVIEW in April last year,<sup>2</sup> facts were brought forward to show that the number of medical men practising homœopathy in the provinces had declined during recent years; that although the members of the British Homœopathic Society had increased, this was largely due to the number of men who had settled in London and its suburbs, attracted, and perhaps held together, by the London Homœopathic Hospital; also, that instead of attracting young medicals and, after educating them in homœopathy, sending them to provincial towns, on leaving the hospital most men settled by preference around their *Alma Mater* or within easy reach of it.

It would be a melancholy task to lay before you facts and figures to prove that the cause of homœopathy in the provinces is retarded chiefly by lack of adequate professional representation. This is well known to us all. While such important cities as Wolverhampton, York, Cambridge, Derby, Win-

<sup>1</sup> A paper read before the Western Counties Therapeutic Society at the Bristol Meeting.

<sup>2</sup> "Homœopathy in England," vol. i., p. 211.

chester and others, have no resident homœopathic practitioners, and the same is to be said of such flourishing watering-places as Buxton, Dover, Weymouth, or Malvern, is it any wonder that our cause languishes and almost dies out in such places ?

There are three chief directions in which dearth of doctors practising homœopathy limits the progress of medical knowledge, and these are: Firstly, the fact that patients coming to reside in a town unrepresented by a homœopath are compelled to put up with ordinary treatment, and, in time becoming reconciled to this (although many do not), some are permanently lost to the cause. Secondly, patients hearing of homœopathy and anxious to try it, seek in vain for a physician and then give up the idea. Thirdly, in such towns the evidence of successful homœopathic treatment amongst friends and neighbours is lacking, and no converts can be made. Especially is this true in the absence of a dispensary, or even of a good homœopathic chemist. And here I would give the chemist his due, and although we none of us approve of chemists prescribing, we must acknowledge that by the sale of homœopathic remedies and books describing their use in simple ailments, much good missionary work has been done by them in the past. We much regret that this good work has been greatly diminished of late years by the Patent Medicine Acts, especially that which requires that all remedies sold with directions for their use should pay the Government stamp duty. By this, and also by the competition of cheap drug stores, many homœopathic chemists have been snuffed out of existence.

In order to promote the growth of our cause by an increase in medical practitioners, the most important and pressing need, in my opinion, is that of energetic men with the vigour that comes of enthusiasm in a good cause, and that these should start work by opening dispensaries in working-class districts of our larger towns. It is not by starting a high-class practice in the best residential parts of a town that most good is done. This may benefit the few. Dispensary work benefits many, and propagates the truth more widely. If the men were forthcoming, with funds sufficient to start them in practice in the towns I have mentioned, a dispensary should



be opened in the poorer districts in each instance. And wherever fresh ground is being opened up in an unrepresented town, the start should be by a dispensary in the working-class district.

You will have heard that, owing to the generous labours of Dr. Burford, the trustees of the Gillespie Fund have agreed to give a grant to the British Homœopathic Association and the London Homœopathic Hospital in aid of a teaching school of homœopathy. An admirably planned and thought-out working scheme for this will be laid before you by Dr. Burford. This I shall not encroach upon, but confine my paper to considering how men may be found to come and study under this scheme and so qualify for practising as homœopaths. And this is by far the most difficult part of the problem. Were some millionaire to give £100,000 to-morrow to establish a fully-equipped homœopathic medical school, could we supply students to study there? Would any come? Where are we to find them? At present we have neither the funds nor the students, and consequently no such scheme as this is possible, but a modest start on a small scale for post-graduate teaching is what it is hoped to attempt. If twenty or even a dozen fresh men can be found each year to attend the clinical demonstrations and lectures it is proposed to arrange for, we shall soon inaugurate a new era in the history of British homœopathy. It is to this we aspire. But let us not forget the enormous forces massed against us, the ignorance, prejudice, slander and contempt with which the word "homœopathy" is received in medical schools and hospitals. Can we do anything to break this barrier down, and persuade men, by any legitimate means or offers, to search and see for themselves if things are as we affirm? This will certainly not be done by meekly sitting still and avoiding controversy or contempt by silence. We must be ever ready to give a reason for the faith that is in us, and to persuade all men of the truths we stand for. By such means we may be able to influence friends or patients who have some young relative entering medicine or walking the hospitals. Those who are homœopaths themselves will certainly desire that a son or nephew embarking on a medical practice should inquire into homœopathy and study at the school shortly to be opened.

I suggest that each of us should make enquiries in our circle and attempt a little missionary effort in this direction, with a view to having a few students ready to commence work when the new teaching is started. This may be attempted at any period of the student's career. In the early stages a warning against the too hasty assumption that homœopathy is a fraud may be of value, especially if backed up by some examples of striking cases, and may serve as a protection against the seeds of unbelief that will certainly be sown in hospital life.

Although much may be done in safeguarding and encouraging a man, especially those who have friends or relations interested in homœopathy, it is not from this source that many recruits are likely to be found as students for the new school. The more favourable time in a medical career is probably after qualification, when the young doctor must decide between immediate practice, assistantship or *locum tenens* work, the services, or a sea appointment. Those who have a career mapped out for them, or can buy a practice, are not likely to be attracted by us. But there are others whose resources may have been exhausted by an expensive education, and to whom immediate work with remuneration must be essential. If such work offered a prospect of a start in practice, it would be a great inducement to many. When a man has finished his resident appointments and has no means, nothing further is open to him except assistantships, and these many men detest. If it were known that to young men who had studied homœopathy, passed a post-graduate course, and held an appointment at the London Homœopathic Hospital, assistance to start in practice as a homœopath would be forthcoming, it is probable that some men would be attracted to become enquirers. At present there are no funds available for this purpose, but I am sure that if the British Homœopathic Association took the matter up money would soon be forthcoming. I would suggest that scholarships should be offered for competition between young qualified men who have completed a course of three or six months' study at the Homœopathic School. It might even be arranged that on a man coming forward with the desire to study at the School of Homœopathy, but having no means for support during the time, pecuniary assistance should

be advanced him by the Association if satisfied of his *bond fides*, such money to be deducted from a scholarship should he obtain one after his course. As an alternative scheme, it might be possible to arrange for paid medical clerkships for work in the wards of the hospital for men whose resources were limited, whilst they attended lectures and clinics on homœopathy. Other and better plans than these may be devised with the object that lack of funds should not be allowed to bar the way of any of our medical men honestly willing to study the methods of Hahnemann in this country. Surely this is a worthy object of attainment, and it would mark a notable epoch in the history of British homœopathy if not only an efficient school were established, but support, if necessary, were provided for every earnest enquirer into the truth.

At the close of a six months' study a certificate from the authorities of the Hospital and the Association might be granted, stating that the holder had attended such courses of study and passed an examination in the science and art of homœopathy, and that he might be considered qualified to practise as a homœopath. Those who received such a certificate would then be eligible for resident surgeonships and physicianships in homœopathic hospitals.

When a year or more had been spent in this way, the question of assisting such men to commence private practice could be considered. We look naturally to the British Homœopathic Association for the funds needed for this, and I am certain that whatever money was asked for this purpose by that body, so great is the confidence of the homœopathic public in the work it undertakes that a liberal supply would at once be provided. As to how men should be assisted in practice, I think there can be no hesitation in deciding. It would certainly not be by taking a house in the best neighbourhood of a town at present unrepresented, but rather by opening a dispensary in the most populous part, and by issuing tickets for home visitation of the sick. The medical officer would then be appointed as stipendiary by the Association, who would allow him a salary and pay the rent of the building, allowing him freedom to work up private practice to the best of his ability. Tickets for attendance

should be paid for, except by the very poor, and the clergy of the neighbourhood should be invited to assist by subscribing and purchasing tickets, which should be for attendance at the dispensary and in home visitation. All in the town who were interested in homœopathy might be expected to rally round such an effort, and many more would in time become interested helpers. Very soon such an institution would become self-supporting, and when taken up and patronized by some important residents — clergymen and charitable ladies—would, with a capable medical officer, carry on its good work as other such institutions have done. If there were twenty young homœopaths available, and funds were placed at our disposal, twenty such dispensaries might be opened to-morrow in twenty towns at present unrepresented, and I am confident that in two or three years all would be doing well and probably self-supporting. It is by such methods as these, in my opinion, that we must look for the advance of our science. The expense of providing such openings for young homœopathic practitioners fresh from the new school need not be excessive. Probably £100 a year for the first two years, and £50 for a year or two after, would suffice under the control of an energetic worker. I am sure there are many patrons of homœopathy who would advance such sums were men ready to occupy such posts under the auspices of the Association; whilst the prospect of such a start in practice would prove to many hesitating enquirers that there must be something in a method of treatment that can make such offers. So soon as arrangements on these lines are completed the fact ought to be made known by advertising, both as to the lectures and instruction at the new school of homœopathy, and also of the fact that pecuniary assistance by scholarships and otherwise may be granted by the Association to post-graduate students when considered advisable, as well as to those who are willing to commence practice with dispensary work.

But there is still another class of medical men from which we may look for valued recruits, and from which many such have come in the past. I mean those who, like Hahnemann himself, after a few years' practice have become disgusted with the futility of modern drug-treatment unenlightened by

the law of similars, and hence are more inclined to enquire into other methods. A year or two of private practice comes as a painful eye-opener to the young doctor who expects everything to go as easily with him as in his hospital days. Patients require to be cured, and constant failure to cure even simple symptoms by drugs as ordinarily applied tries the patience not only of the doctor, but of his clients as well. Such men, all perhaps who have been in practice for five years or less, and are not in partnerships, should have suitable literature and circulars as to the new school, and the work of the Association, freely poured upon them. Some would certainly be willing to enquire into homœopathy, and to learn about it. Might not a delegate from the Association be appointed to visit such and discuss our methods with them? By these and other means some living near London might be persuaded to attend at the school and hospital, and others could be reached by any of ourselves who live within reach of them. We cannot hope to succeed by hiding our light under a bushel. However repugnant to some minds, means of publishing our proceedings, and of making known our school and hospital, must be adopted if we are to reach the men who will become our colleagues in the future. Other medical schools advertise their proceedings, and we must do the same. Without this failure is probable. Nothing can succeed nowadays that is not made public, nor can we expect the advance of homœopathy in this country to be effected by private conferences amongst ourselves. It is necessary to take our medical *confrères* and the public into our confidence, whether they desire it or not, and this can only be accomplished by advertising our offers and intentions in the daily Press, and by circulars and lectures.

In conclusion, I trust the ideas so imperfectly suggested and roughly sketched in this paper may prove helpful to those in whose able hands the arrangements of the forward movement are placed, and that you yourselves, after hearing the paper which is to follow mine, may in discussion improve and add to the proposals here indicated in brief outline only.

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## WESTERN COUNTIES THERAPEUTIC SOCIETY.

## DISCUSSION ON PRECEDING PAPERS.

The HON. SECRETARY (Dr. Norman) read the following extracts from letters received from members of the Society regretting their inability to attend the meeting :—

Dr. PERCY WILDE wrote that the scarcity of homœopathic practitioners, in his opinion, was due to the fact that the homœopathic school had appealed to the public rather than to the profession, with the result that a literature had been produced which did not influence the scientific practitioner. The triumph of homœopathy as a polemical course had taken the place of a desire to advance medicine as a science. He thought there were ample funds to bring our views before the general body of the profession, and that the effort to do so would raise the whole tone of homœopathic literature. The "allopath" had long ceased to exist, and the modern practitioner could not be approached in the language of the century before last. We had not done our best with the truths we had learned, and we suffered in consequence. He thought this society might lead the way in an effort to make the advance of medical science the primary object of its existence, in confidence that the truths which we all held would prevail.

Dr. S. P. ALEXANDER wrote that he considered the dearth of homœopathic practitioners to be due not to antipathy or scepticism towards the principles of homœopathy so much as to expediency and public opinion, both with the laity and the profession. He thought that in polite society the opinion of the majority which was "orthodox" was the essential factor. He referred to the case of a lady who, unrelieved by ordinary treatment, had consulted him *sub rosa*, desiring cure at all costs, but with no intention to admit that its source was "homœopathic."

Although in Army and Navy circles homœopathy did not exist as such, he found that practising in a military and naval town he had many patients in the service who were avowed homœopaths from belief. He considered the reason why there were not more who availed themselves of homœopathy was not from unbelief, but from expediency and fear of public opinion. Also the fact that where only a single practitioner

of homœopathy resided, the fact that consultations, except in surgical cases, were declined, was a hindrance to those who might otherwise employ a homœopath, especially in serious cases. To insult the flag of the British Medical Association was to incur an odium which few doctors could face. To remedy the dearth of homœopathic practitioners he considered that the ostracism of public opinion must be removed, and that that should be our aim and object.

Dr. GRAHAM WILLS remarked in his letter that the younger members of our body, growing up under the wings of hospital physicians in London and its suburbs, clung to this safe shelter and shrank from going afield into the outpost regions where they would have to stand alone, and hence he did not wonder at the dearth of homœopathic practitioners in the provinces. If these men were spread abroad over the country their individual qualities would come to the surface and develop to the advantage of homœopathy. Until men were willing to do this homœopathy would never show much life; there was too much "follow-my-leader" about the present system. Personally, he would not be without his experience of standing alone on his own account.

Dr. GEORGE CLIFTON considered the following the essential points in the matters under discussion : (1) The men required should be well educated students who have qualified or are about to do so ; (2) they should be encouraged by scholarships or prizes after attending a three months' course of homœopathic *materia medica* and therapeutics ; (3) this course should be given under the direct control of the BRITISH HOMŒOPATHIC ASSOCIATION ; (4) for the first few years at least these lectures should be given in the metropolis so as to get the largest number together ; (5) to do this all homœopaths should be pressed to help the Association, using the Gillespie Fund as a nucleus ; (6) notice of these classes should be advertised in the medical journals ; (7) a list of all fourth and fifth year students should be preserved, with their addresses, and a private letter sent to each, pointing out the advisability of men studying all sides of the question of therapeutics.

Dr. A. C. CLIFTON wrote that unless there was a little of the old fighting spirit left in the ranks he thought homœo-

pathy would suffer. Fifty years ago, when he began practice, he imagined that ere this time orthodox medicine would have been largely swallowed up by progressive medicine—to wit—homœopathy; the reason why there were not more adherents to the cause he considered to be largely due to the spirit of ultra-professionalism in the ranks of homœopathy.

Dr. NORMAN opened the discussion by remarking that as an older homœopath, and a supporter of the old school of homœopathy, the thought of the past made him rather sceptical as to the future, but from the papers they had heard he felt encouraged now that something would be done. He thought that getting hold of young men just qualified, especially those who had no prospects of obtaining a practice, was especially important. He knew a case of an M.D.Lond., a very able, all-round man, who, after spending some time in locum work and assistantships, could find no opening for practice, being without means. He finally took a small, poor practice in a large city, which at first brought in barely enough to live on. He then came under homœopathic influence, and a colleague who lived near instructed him in the homœopathic use of remedies, in which he appeared to be greatly interested. But the young doctor got on and prospered, and with that his interest in homœopathy diminished, and now that he was doing well he had no time or inclination to study it further. He believed that had this man been influenced earlier in his career, before success came to him, he would have become a homœopath.

Dr. NICHOLSON considered the proposals made in the excellent papers they had just heard, valuable and very practical. He thought the idea of helping young practitioners was quite new, and likely to develop important results. He considered that all young medicals ought to have homœopathic therapeutics put before them in a scientific manner. Something more up-to-date was wanted in our literature. Although treatment in hospital wards, which was all the young medical had experience of, appeared to be curative, it was really chiefly palliative. The immediate relief given by hypnotics and salicylates impressed students, who were very keen on these points, but something more was wanted in private practice. There they found far fewer severe cases,



and illness was mainly functional, and often trivial, calling especially for homœopathy. These cases are not found in hospital work, and the ordinary student was quite at sea when they were presented to him. Could he see how successfully homœopathy meets such cases, he would find nine-tenths of them were easily cured. These were the results we should try and bring under the notice of the younger medical men about to commence practice.

Dr. BODMAN thought that those who had sons or nephews entering the medical profession should train them up by precept and practice to understand the truths of homœopathy. But he was opposed to pressing them to a decision before entering the schools, thinking it best to warn them only how they would hear homœopathy spoken of. The effect of the medical schools and hospitals was naturally to alienate their minds from all things homœopathic, but they should be encouraged to go to the London Homœopathic Hospital and see for themselves what was done there, after which they could be left to come to a decision. This was the method he had adopted successfully with his own sons. He thought the suggestion as to putting men into the way of practice and helping them, might certainly encourage some to look into homœopathy. He thought that in the proposed new school the principles of homœopathy should be thoroughly taught.

Dr. CAVENAGH said that practising alone in Worcester, he found more and more the importance of sticking to the true principles of homœopathy, even though they sometimes lost cases through it. Some aggressiveness was necessary and valuable in upholding the truths for which we stood. The older homœopaths did the best work and were more aggressive and tenacious of their principles. Our opponents, he did not believe thought the better of us for agreeing too much with them.

Dr. BLACK thought it was impossible to do justice to such admirable papers after hearing them once, and suggested that after seeing them in print they might be more profitably discussed at a future meeting.

Dr. TINDALL said the subject of these papers was of great importance at the present time. He thought this was a

critical period in homœopathic politics, and unless the matter under discussion were taken up now, and pressed to a favourable conclusion, the occasion would be lost. He welcomed the suggestion of offering a stipend to clinical assistants who were studying homœopathy ; he was also in favour of advertising to make such offers known. Had paid clinical assistantships formerly been available he might have taken up the study of homœopathy earlier in his career. It was certainly possible to get hold of men by advertisements in the daily papers, the medical papers being closed to us ; he thought this was a very important point.

Dr. GILBERT considered it time to close the ranks. The proposed forward movement was of great importance, and all must work together in agreement to promote it. The present time was very opportune for this. Now that practically only two hospitals kept up the supply of young practitioners, there were fewer men in the provinces. As a young practitioner of homœopathy he had been helped through pecuniary assistance in Liverpool from the hospital there, when he commenced practice, by a stipend given for dispensary work. He thought if the London Homœopathic Hospital had three or four dispensaries in the suburbs, with paid medical officers attached to each, men would be attracted to homœopathy, and if the fact were advertised the men would be found. Also, as Dr. Ord had suggested, dispensaries should be started in country towns. If detailed proposals were sent to every homœopathic practitioner, and funds asked for, they would soon be provided. It was a great pleasure to hear such well-thought-out papers ; he believed there was a bright future before homœopathy.

Dr. NEATBY said he always felt encouraged by such discussions. But the net result would be small unless each decided to do something personally by their own influence amongst medical men and students ; also we should induce our friends to influence those they met with. Much more could be done by individual effort than by leaving the work to committees in big towns. The proposals in these two papers commanded all our sympathies, but must be put into life by our united efforts. Next in importance to such individual missionary efforts came the founding of dispensaries.

The best way of starting in practice was not by taking a big house, but by working amongst the poorer classes. We should also advance homœopathy by perfecting our clinical records, and keeping good accounts of our cases. In hospital work, trained nurses and clerks could assist in this, and such records would prove of value in future years. There was need for a good manual on homœopathy for the public, and a new edition of Hughes' *Pharmacodynamics* brought up to date, especially in modern pathology and its relation to homœopathic therapeutics, was called for. He wondered how many each present had personally influenced towards homœopathy. Could not all do more good in this way in the future? He thought we were much indebted to Dr. Burford for the enthusiasm he had brought to bear upon the matter, which few had the power of doing. Every scheme might not mature or be perfect, but all helped to educate us and bind us together as a body.

Dr. JOHNSTONE was glad that the idea of forming a completely equipped medical school had been abandoned. He thought the proposed school for teaching homœopathy pure and simple was better. All agreed that young medical practitioners after a year or two of practice should be got hold of rather than medical students. The young graduate was not fit to receive homœopathy—he was embittered against it and would have none of it. But after some experience of practice he was glad to get something new. He thought Dr. Percy Wilde was right that a more scientific presentment of homœopathy was required; this should be on modern scientific lines and backed up by research work, which formed an essential part of Dr. Burford's scheme.

Dr. HERVEY BODMAN thought that Dr. Ord's reference to the public in his paper was of importance; they should be taken into our confidence as well as the profession. Were the public well informed as to homœopathy and what it could do, definite results would soon appear, and men would come forward to practice as homœopaths were their services demanded by the public. He believed that if medical students were given an elementary knowledge of homœopathy before starting their curriculum they would more readily take it up after qualification. Certainly a scientifically up-to-date book

on homœopathy was wanted. He thought we should each do our share in educating those around us in the importance of the subject.

Dr. OSMOND BODMAN suggested that in such a centre as Bristol men should get together interesting cases and invite their professional brethren to meet and discuss them, and perhaps a London homœopath would come and assist in considering them. He thought the proposal to appoint stipendiary medical officers in dispensaries would attract men to homœopathy and be a great inducement.

Dr. BURFORD, in replying, said that he felt much impressed at seeing so many men of one accord as to the forward movement proposed, and thanked them for the cordiality with which they had received the papers. To hold the truth was good, but to do all we could to extend the truth to others was better. Nothing was more important than for every one of us to do our utmost to bring others to see the truth of homœopathy. In this Dr. Bodman's success with his sons was admirable; he knew of a parallel case in a doctor who in four families had managed to get three men to embrace homœopathy after qualifying, by his personal influence. The economic value of homœopathy to the community was enormous. Many valuable lives were lost every year for want of it. Think of the numbers of children who died from croup, their little lives thrown away like dogs in ditches, for lack of homœopathic treatment. Also in influenza how many lives might be saved by homœopathy. He thought that much good might be done if we would all report our successes in treatment, and hoped that all during the next twelve months would make a duty of doing so. With regard to the successful results they had achieved in obtaining the grant promised from the Gillespie trustees, he, personally, had only done a part; others had helped, especially Drs. Neatby, Byres Moir, and Roberson Day. He entirely agreed with the proposals made by Dr. Ord, whose paper was full of suggestions, and there was nothing mercenary in them. Money was a potent power in the service of humanity, and could not be ruled out in the advance of homœopathy. If money could be used to lessen the breach between the two schools, this should certainly be done by the proper application of funds for the

purpose. There was no good cause upon earth that could be advanced without money. If only one of the licensing bodies could be induced to hold examinations in homœopathy, it would give that flavour to it for lack of which it has lost so much hitherto. He believed that far more would be done for the advance of homœopathy by the suggestions laid before them than had ever been accomplished before.

THE PRESIDENT (Dr. Ord), in conclusion, thanked Dr. Burford for coming and bringing so valuable a paper to their meeting. He believed that the present was a crisis in the history of homœopathy in England, and that if all put their shoulders to the wheel a notable advance must be achieved. The opinions expressed in the discussion were, many of them, helpful and valuable, and would certainly further the cause they all had at heart.

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### BOURBON-LANCY AND ITS WATERS.

By HERBERT NANKIVELL, M.D.

WELL down in the centre of France, just half-way between Havre and Marseilles, and on the eastern bank of the Loire, lies the little town of Bourbon-Lancy. In population it amounts to rather over 4,000, and occupies the ascending slopes of a lofty hill, which, crowned by the twin-spired church and the ruins of an ancient keep, breaks away rapidly to the south into a deep gorge. Those who are familiar with our own old Dorset town of Shaftesbury would be at once struck with the topographical similarity of the two sites. West of the main town, and nearly 200 feet below it, lies the suburb of St. Léger—a suburb almost completely occupied by a large enclosure containing the principal wells, bath houses and hotels of the “Établissement des Thermes de Bourbon-Lancy.”

You may leave Paris at 8.15. a.m. from the Gare de Lyon of the P. L. and M. Co., and reach Nevers at 12.30. p.m. ; here one changes carriages, and there is half an hour to spend over lunch. A train leaves at 1.22 p.m. by a branch line for Cercy-la-Tour, which is reached at 2.31. Cercy is a consider-

able junction of sorts with a paucity of porters. With care it is, however, quite possible to get across to the Bourbon train that leaves at 2.52. And then commences an hour's journey in the funniest little train in the world—not to be rivalled by an out-of-the-way branch line in the North of Scotland or the West of Ireland. But the homely gossip at the stations, and the occasional glimpses of Father Loire, prevent weariness, and in due time one reaches Bourbon-Lancy Gare, whence the omnibus of the Grand Hotel, after a drive of 3 kilometres, soon brings the traveller into the pleasant gardens of that comfortable hostelry. Monsieur Larue himself, the Director of the Establishment, is ready to receive one and arrange for the bedroom most to one's liking; those on the first floor vary in their charges from 4 to 12 francs per diem—the heavier price being for double-bedded rooms. After a good wash one is ready to move across the road to the Bath Establishment, where our good friend Dr. Piatot has his consulting rooms. A careful examination on the doctor's part, explanations in hesitating and not very correct French on the patient's, and then his *ordonnance* is written out, and he passes along to the office to obtain the tickets and arrange the time for the next morning's bath. Happy the bather who can obtain a fixed hour for that important function as near as possible to 6 a.m., as it is then practicable to get one's morning coffee and roll by 7.30, and devote the next two or three hours, before the heat of the day sets in, to the delightful walks in which the neighbourhood abounds.

After obtaining one's tickets for the baths, and also for the *chaise-à-porteur* in which one is brought back to bed after the bath, one naturally passes into the quadrangle, in which lie two vast reservoirs of water of a curious bluish-green hue, and also the four or five sources from which the water is obtained. Chief of them are Lymbe and de la Reine—specially, one may say, the Lymbe. I have made many enquiries at Bourbon as to the origin of this word, without much result, but an appeal to a philological English friend has been more successful. Borvo was the name, in ancient Gaulish times, of a god of healing, and was the origin of the name Bourbon, which is attached, not only to Lancy, but also to Bourbon-d'Archambault and to Bourbonne-les-Bains. This is thoroughly

admitted, and it seems probable that Lymbe is derived partly from this word and from the prefix "Lyn," well known in Celtic England or Scotland as meaning a pool or head of water. During Roman times the place was known as Aquæ Nisinæi—Nisinæus being the Roman prætor who laid out the Baths and built up the well-shaftings—but on the retirement of the Roman conquerors the aboriginal names reasserted themselves, and Nisinæus was forgotten. The fountain of the Lymbe is very striking. Steam rises from its surface, and as you look down into its clear azure depths, you are struck with the continuous rising of gas-bubbles, some tiny and continuous, others as large as a couple of golf balls, and less frequent. It is an extremely beautiful and interesting sight—the more interesting because the gas is not carbonic acid at all, but nitrogen to the extent of 93·50 per cent., the balance consisting of helium and argon, the gases evolved, as is well known, in the active changes of radium. The outcome of twenty-four hours' secretion, so to speak, amounts to 30 litres of pure helium, and one often sees the gas being collected from the surface of the well, to be forwarded in sealed jars for the use of scientific chemists. The presence of these rare gases in quantities far superior to those in which they are found in the atmosphere, compels to the conclusion that this presence is due to radium emanations—starting probably from beds of uranium at a very profound depth. No radium itself has been found in the waters, but the presence of radium emanation has been very distinctly traced and estimated. While Bourbon-Lancy is inferior in this wonderful quality to Bad-Gastein and Plombières, Dax and Bagnères-de-Bigorre, it exceeds that of most other French waters, and it is probable that much of its curative power depends on this remarkable radio-activity. The waters themselves are, indeed, very slightly mineralized, chloride of sodium being the chief constituent (1·2841), carbonate of lime (0·2018), with still more minute quantities of other salts, the most important of which are some bromides, iodides, and arseniates. To those desirous of more exact knowledge on the chemical and radio-active virtues of these wells, I would recommend a perusal of Dr. Piatot's carefully thought-out work on the subject, *Propriétés Radioactives et Indications Thérapeutiques des Eaux Thermales de Bourbon-Lancy*.

To return to the "day's work," it must be evident that the dinner hour is approaching, and at 6.30 p.m. we find the general company collecting in the *salle à manger*. The dietary is light, abundant, and excellently cooked; red and white wine of good character is on the table, but is sparingly used, most people preferring the Eau de Lymbe. After dinner the colonnade of the hotel is frequented, and music from a small but excellent band begins at 8 p.m. Some hardy souls enjoy their coffee—and one or two still hardier, their cigars and "chasse." But, as a rule, the hand of the physician is heavy upon his clients, and innocent (?) pleasures, for a time, at any rate, cease to be indulged in, and at 9, or soon after, a retreat is beaten to bed and to slumbers.

Next morning, ten minutes before the hour appointed for your first bath, a knock at your door from the ever faithful and always punctual *valet de chambre* brings you back to consciousness, and you scramble up, and in *demi-toilette* cross the courtyard to the bath house. There you find arrangements for heating sheets and blankets over charcoal braziers, women in charge; *chaises-à-porteurs* with hardy, bronzed peasants in waiting. A bathman shows you in, tests the temperature of the water, and leaves you to undress. In a second or two you descend into the limpid water, which fills a large tiled bath, sunk into the floor. The temperature is probably 94°, and a fragment or two of the green confervoid growth of the wells floats on the surface. Presently a man enters, picks up your clothes, and disappears—rather to your horror if you are a newcomer. You lie on for fifteen or twenty minutes, when the chief bathing man enters and proceeds to administer the submarine douche. This is a stream of water about 6° warmer than the bath itself. As the nozzle of the pipe is held well under the surface of the water there is no splashing, but you can trace in the painless displacement of your muscles the effect of this powerful douche. After five minutes a bell is rung, a *chaise* is brought in, and piping-hot bath sheets, *peignoir* and blankets. You are quite carefully and methodically dried, and set down in the *chaise*; enters then the lady who presides over the Source de la Reine and hands you a glass thereof, with many polite wishes for your health. Then the *chaise* is closed, and the porters, with



measured tramp, bring you back to your room, lay you down in your bed, tuck you well in, and disappear. In about twenty minutes, during which you have dozed and slightly perspired, the *valet de chambre* appears, armed with a bath-glove and a bottle of eau de Cologne, with which he mops you over limb by limb, and back and front, and then removing the special bath garments, leaves you to ponder a few minutes before you rise for good. Generally speaking, with a bath at 6 a.m. one can be ready for coffee and milk in the restaurant by 7.10, and for a walk by 7.30. From that hour till 10.30 or 11 one can promenade in a delightful temperature, and be home before the heat of the day has become serious.

The district around Bourbon-Lancy, while devoid of any striking natural beauties, is full of interest and variety for the pedestrian. Situate on the foothills of the Morvern range, the land descends in a gentle slope to the Loire, and the river is visible from many points as a silver band creeping along its shallow, sandy bed. The opposite banks rise slowly from the stream, so that in the direction of Moulins a view of at least eight to ten miles can be embraced. Many large woods—the Bois du Vigneau, the Bois de Germigny and de St. Marc on the south, the Bois de Serre on the north—offer a diversity of walks; while the villages of St. Aubin and of Lerme, towards the Loire, are extremely interesting and worthy of more than one visit. Towards the east, by passing through the old town, one can reach the elevated district of the Neuf Loups, whence can be seen the Morvern range in the north-east and the mountains of Auvergne in the distant south. For the health-seeker nothing can be better than good walking, especially to the gouty invalid who, at home, has probably been taking far less exercise than he needs. In June the hay harvest, and the patient white Charollais oxen, the chief beasts of burden, the abundant troops of geese, the noisy but evanescent frogs, all lend an interest to the scene.

At 11 a.m. those who have been walking and those who have been only strolling, gather round the Source de la Reine and take the second glass for the day; and at 11.30—the hour for *déjeuner*—a meal of the same dignity as the dinner of the

previous evening, is served. After this, rest for a time ; and then, if one has supplementary treatment, comes the period for massage, douches, inhalations, vapour baths, &c., for the station is well equipped with all the arrangements that are in use in the very best health resorts. Between 5 and 6 p.m. the third glass of "de la Reine" is imbibed, and the cycle of our first twenty-four hours at Lancy is completed.

It remains to consider the varieties of cases which are chiefly benefited by a resort to these remarkable waters. I have had the privilege of consulting Dr. Piatot on these matters and have read his published writings, and I have also had experience myself in the improvement noted in several cases that I have recommended to his care.

(a) *Rheumatism*.—All painful subacute rheumatisms—both articular, muscular and neuralgic—benefit remarkably ; as also will rheumatoid arthritis, where gross lesions of tissue have not yet made their appearance.

(b) *Gout*.—Almost all cases of gout do well, from the ordinary podagra onwards to those unsatisfactory cases which we collate under the name "gouty" ; local lesions of muscle and tendon ; headaches in the plethora of middle age ; cardiac lesions, except those complicated by definite renal inefficiency.

(c) *Cardiopathic* cases, ranged under the preceding heads, and also all forms of functional cardiac misbehaviour, from mere palpitation or intermission up to definite attacks of angina. Apparently this course is beneficial to many cases from early middle life to the approach of septuagenarianism. Undoubtedly, too, an early arterio-sclerosis is much relieved, and the impending senility of the arteries much delayed. The cardiopathy of the menopause is also open to alleviation and cure. And there seems to be no question of its value in lowering blood-pressure in cases of more or less high arterial tension.

It remains for one moment to compare the virtues of Bad-Nauheim with those of Bourbon-Lancy in heart cases. Nauheim stands pre-eminent as the place for heart cure, and patients go there in hundreds who come to Lancy in tens ; and while the prevalence of influenza and the stress of twentieth-century life continues this must be so, for I think it undoubted that in the treatment of cardiac dilata-

tion from any cause the curative power of Nauheim stands, so far, unrivalled. But there are a large number of cases in which the amount of dilatation is not very marked, in which the gouty diathesis is very evident, in which the tendency to high tension and sclerosis is definite and palpable, and in which symptoms of angina are not only present, but even one or many severe attacks may have occurred, who will do very much better at the French watering-place than at the German. I express this opinion after a careful consideration of facts known to me.

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### Hospital and Provincial News.

\*.\* The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this section, we would point out that this section is reserved for :—

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

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### CROYDON HOMŒOPATHIC DISPENSARY.

#### ANNUAL MEETING.

THE Annual Meeting of the Croydon Homœopathic Dispensary was held at the Dispensary, George Street, under the presidency of the Mayor (Councillor Moore).

Mr. AUGUSTUS ASHCROFT, the Honorary Secretary, read the Ninth Annual Report, in which the Committee congratulated the subscribers on the continued activity and beneficence of the work performed by the medical and dental staff. There was a decrease of attendances at the Dispensary, happily quite accounted for by the improved general public health of the year. That it was not due to any decrease in good results or in the popularity of the Dispensary was amply evidenced by the very large increase of the valuable home visiting tickets purchased, providing for a month's attendance at the patient's home.

The medical report of Dr. T. E. Purdom and Dr. H. V. Munster stated that the consultations at the Dispensary averaged about 100 a week. During the year 1907 there had been 4,755 attendances by patients at the Dispensary; 804 tickets providing a month's treatment at the Dispensary had been purchased by patients, and 445 had been supplied by subscribers. In addition, 437 tickets providing a week's treatment at the Dispensary had been sold to patients. One hundred and seventy-seven home visiting tickets had been used during the year 1907.

The report and accounts were unanimously adopted on the motion of the Mayor. Two short papers were then read, one by Dr. Roberson Day, the other by Dr. Burford, dealing with subjects of special interest to the meeting.

Dr. ROBERSON DAY, Physician for Diseases of Children to the London Homœopathic Hospital, read the first paper, his subject being "Homœopathy for Children." Dr. Day observed in opening, that without a doubt no other section of the community had benefited so much as the children had from the introduction of this beneficent system, though homœopathy had conferred incalculable benefits upon all, and it was not too much to say that it had revolutionized the practice of medicine. Dr. Day recalled how our forefathers were treated, and described the administration of household remedies on the old-fashioned plan, drawing attention to the dangers attending the custom of taking powerful drugs. Referring to adenoids, he described the complaint as second only in fashionableness at the present time to appendicitis, and said he had children sent to him suffering from adenoids, with requests that he should operate. Many cases required operations, but on the other hand many did not, and no operation was unattended by danger. After an operation the adenoids, he said, often recurred because no treatment was given to deal with them constitutionally, whereas with homœopathic treatment they never recurred. The doctor also touched upon the treatment of croup and whooping cough, and referring to bronchial pneumonia, he said that in his hospital there was a mortality of 10 per cent., as compared with 27 per cent. in allopathic hospitals.

Dr. BURFORD, who read the second paper, took for his

subject, "Some Facts about Radium, and their Bearing on the Homœopathic Dose." It was not too much to say that research work in the last decade had concentrated itself on infinitesimals, and the speaker quoted some remarkable fractions in illustration of this fact. Touching on the break-up of radium atoms, Dr. Burford referred to the sphinthariscopes, which his hearers would have an opportunity of seeing in an adjoining room, and which would enable them to see the luminous particles given off by a radium atom. The average life of a radium atom was 1,800 years. The heat emitted by the ceaseless discharge of atoms was sufficient to maintain the heat of radium at three degrees above the temperature of its surroundings. The total heat from a saltspoonful of radium, which was more than the world contained at present in chemists' bottles, would lift 500 tons a mile high. Dr. Burford mentioned, in passing, that Professor Curie, of Paris, who had been the leader in the discoveries concerning radium, was the son of a homœopathic doctor. It had been found that every atom of every substance could do the same wonders as those he had spoken of if they could only set it to work in the right way. Speaking of the spectroscope and the electroscope, Dr. Burford remarked that the spectroscope could detect a millionth part of a thousandth part of an atom of matter, but the electroscope was a million times as sensitive as that.

In a darkened room adjoining, Dr. Burford afterwards exhibited the sphinthariscopes, the beautiful instrument invented by Sir William Crookes for the purpose of illustrating the scintillations of radium, in which a small piece of metal dipped in a radium solution is placed, several millimetres away from a small zinc sulphite screen, the screen being placed at one end of a short brass tube, and inspected through a lens at the other end of the tube. The remarkable phenomenon displayed by this means was observed with great interest. Dr. Burford also exhibited the electroscope, and explained its *rationale*.

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## LONDON HOMŒOPATHIC HOSPITAL.

## FIFTY-EIGHTH ANNUAL GENERAL MEETING.

THE Fifty-eighth Annual Meeting of the Governors, Subscribers and Donors of the Hospital was held on Friday, February 28, at the Hospital, under the chairmanship of the TREASURER, the Earl Cawdor.

The meeting was opened with prayer by the CHAPLAIN (the Rev. E. C. Bedford), and the minutes of the previous Annual General Meeting having been read and confirmed, the SECRETARY (Mr. Edward A. Attwood) read the Fifty-eighth Annual Report.

The CHAIRMAN (the Earl Cawdor) : Ladies and Gentlemen, In rising to propose this report, in the first instance I cannot but touch upon the sad coincidence that we are meeting together to-day rejoicing in the completion of the raising of the fund which we have all been so anxious to raise for many years past, and that the one person who perhaps more than anyone else has helped to make the realization of that project possible is no longer with us. I am sure there is no one here who has worked in the Hospital in any way who does not feel that in Sir Henry Tyler's death they have lost not only a valued colleague but a personal friend. He was, as the report points out, connected with the Hospital since the year 1859, and Chairman of the House Committee since 1897, and in carrying on his work, I am sure we all of us agree that there was no detail too small for his attention, and there was no difficulty too great for him to grasp and overcome. His munificence to the Hospital was splendid, but it is not only for his munificence that we remember him with such gratitude, but we also remember him as the hardest worker within the walls of the Hospital. I am very glad, and I am sure the meeting will be glad, to hear that we hope to call the new wing of the Hospital the Tyler Wing. In the recent death of Mrs. Rylands we have lost another good friend. Mrs. Rylands gave us £5,000 for the Building Fund, and she has left us a bequest of another £5,000 to the general funds, and I am glad to say that her family quite approve of the suggestion that a ward in the new extension shall be called the "Rylands" Ward.

I now pass on to say one or two words in regard to the report, and first as regards the ordinary income and expenditure account. In our ordinary income, against a deficit of £402 in 1906 we show a deficit this year of £344, which is very gratifying and quite in the right direction. Then I notice the fluctuations in the ordinary income during the last five years. That income has increased since 1903 from £6,287 to £8,544 in 1907. The increase, as against 1906, this year is £438, and when we look back to 1903 we find that year by year there has been a steady and gradual increase in our income. The deficit on the ordinary income and expenditure account shows, as I have said already, that the income increased from £6,287 in 1903 to £8,500 last year—a steady increase every year; while the ordinary expenditure has decreased in those five years from £9,990 in 1903 to £8,888, so that both the operations there seem to be working in a very satisfactory way. It shows that the Board of the Hospital must deserve great gratitude for the way in which they have endeavoured to make their ordinary income and their ordinary expenditure meet each other. Looking back to 1903, I find that then the deficit in the ordinary income amounted to no less than £3,700, in 1904 the deficit was £2,870, and then it was brought down to £425 in 1905, £402 in 1906, and last year, as I have already mentioned, the deficit was only £344. We hope the day may come when we shall balance that account evenly, but in the meantime I am sure the Board are working very hard, with our Secretary Mr. Attwood, to that end, and deserve our heartiest thanks for having brought about such a state of things, which is cheering to the heart of any treasurer. The total ordinary expenditure last year was slightly more than in 1906—£380 more, which appears to be due to a few causes which are rather exceptional, chiefly the heating and the hot water supply plant, which ran us into nearly £100, but which was quite necessary. The grants from the Hospital Sunday and Saturday Funds, I think, are satisfactory, but I think they might be even more satisfactory, but they are difficult people to move out of their ordinary groove, and they do not always accept with gratitude the suggestions that may be made to them. But at all events, from the King's Fund we received

last year £550 as compared with £500 in 1906 and £400 in 1905, but even now I am not disposed to say that I am satisfied. From the Hospital Sunday Fund we received £625 in 1905, £477 in 1906, and £482 in 1907. In the Hospital Saturday Fund grants there is not much fluctuation, it decreasing a few pounds each year for the last three years. I hope we may some day be able to get more recognition from all these Funds than we have already got, but we are very thankful for the amounts we have received. The receipts from legacies and investments are satisfactory as compared with previous years. The legacies last year amounted to £3,948. The City Companies we are very grateful to for having given us grants this last year, chiefly in answer to the appeal for the Extension Fund.

One word as to the Ladies' Guild. We are very grateful indeed to the ladies, not only for the substantial amounts they raise for the Hospital, but for the way in which they extend a knowledge of the Hospital and its good work. They have given us a very substantial amount for the Hospital last year, and we specially owe our thanks to Mrs. Perks for the guarantee of £500 towards the Building Extension Fund, towards which a sale of work and garden fête is to be held in June, and for the holding of which Mrs. Perks has again kindly placed her house at Kensington Palace Gardens at the disposal of the Ladies' Guild. I may say with respect to that, that Lady Cawdor is endeavouring to obtain some lady to open the sale of work at some date to be fixed in June. We also owe special thanks to Mrs. Loring and Mrs. Marshall for the assistance they gave last year in the concert which they organized, and I am sure you would wish me to thank Mrs. Holman for all the good work she has done as Honorary Secretary of the Guild. We rely very much on the help of the ladies. I am quite certain they are doing us a very great deal of good work, and we all know perfectly well that people will not refuse ladies when they sternly refuse one of the other sex. We had two "In Memoriam" beds last year, one through Dr. Burford from Amy, Lady Tate, and the other through Dr. Goldsbrough from Miss Edith Clauson-Thue, for both of which gifts we are very thankful.

Coming to the work of the Hospital, our in-patients, of



course, cannot vary very much, because we are doing pretty well as much work as we possibly can with our present accommodation. The reason for a small falling-off in the in-patients last year, as explained in the report, was outbreaks of diphtheria and measles in the children's ward. We are in hopes that when we get the extension of the Hospital open we shall not suffer from outbreaks of that kind as we have unfortunately suffered from them in the past. The out-patients have grown from 8,606 in 1904 to 10,167 in 1907—that is the largest number in any one year, and the number of consultations has increased from 40,536 in 1904 to 51,520. I think, therefore, it will be admitted that we are doing good work, but I hope in a year or two we shall be able to do a great deal more in our extended building.

Coming to the fund that we raised and our Festival Dinner, £30,000 is a very large sum indeed, and at one time it looked as if we were not going to succeed, but thanks to the energy of our friends and to the munificence of many we have succeeded. I believe the whole amount has been paid over, except £1,500, and included in that £1,500 is the amount of £500 that is guaranteed by Mrs. Perks and for which this garden fête is to be held next June; the remaining £1,000 is composed of promises payable during this year (1908), and therefore we may practically say that the whole of this £30,000 has been paid with the exception of this £1,000. I was very venturesome at the Festival Dinner by indulging in prophecy. It is said that you should never prophesy unless you know. But I did prophesy that the homœopathic public were not going to leave us in the lurch, and although at the dinner we had not got the £30,000 by a considerable amount, I ventured to prophesy that we should get it. I had some moments of great anxiety afterwards, and a very uncomfortable time, because, as you know, no prophet likes to have to prove himself to be wrong, and in the end my prophecy turned out to be right. The confidence which we had in the homœopathic public was perfectly justified, and the homœopathic public has found us the money that we need for this work. The finding of this money, however, puts upon us a heavy burden, because when we have got the extended Hospital at work we must have

more money to maintain it, and therefore our work is only at the beginning. We must commence now, and I am sure the ladies and the doctors will help us to endeavour to raise more annual subscriptions in order to carry on the increased work that we have before us. I think we may fairly congratulate ourselves on the position of the Hospital. It is doing thoroughly good work—work which in increasing, and work which, I believe, will increase, and as it increases so we increase our reliance and faith in homœopathy, which, we believe, is of such value not alone to the rich, but also to the poor of this great Metropolis and the country. Ladies and gentlemen, I beg to move the adoption of the report.

Mr. EDWARD CLIFTON BROWN seconded the motion. The report was then adopted.

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#### DEVON AND CORNWALL HOMŒOPATHIC HOSPITAL, PLYMOUTH.

##### ANNUAL MEETING.

THE Annual Meeting of supporters and friends of the Hospital was held at the Athenæum on February 26. In the absence of the Earl of Morley, who was to have presided, the Rev. W. K. BURFORD took the chair. In opening the proceedings he gave expression to the deep sorrow all present felt, that the death of the Countess of Morley was the occasion of Lord Morley's absence. Homœopathy and the Hospital had lost a true friend in Lady Morley, and the expression of their condolence with the Earl and the family was heartfelt.

The Secretary's Report showed the enormous amount of work done by this thriving little institution, some items being : surgical dressings 8,399, attendances of out-patients 3,911, while no fewer than 982 accidents had been brought to the hospital. With a view to extending the capacity of the hospital the adjoining premises had been secured, and the whole property unincumbered in the hands of the Board of Management represented a capital of £3,000.

The Treasurer's Report showed a deficit on the general account of £85 17s. 11d., and a strong appeal was made for increased support.

The following resolution was moved and carried:—"This meeting, having heard of the continuing growth of the work of the hospital, is of opinion that the time has now arrived for moving into the adjoining premises, 16, Lockyer Street, to provide the needed accommodation to adequately carry on the work. The hospital supplies an urgent public want, as the statistics show, and therefore the management appeals with confidence for the financial support which will be required by the larger sphere of work."

A proposal to start a shilling Fund to raise £250 towards the extension was very cordially taken up.

At the conclusion of a meeting thoroughly enthusiastic in the "Advance" movement several of the friends adjourned to the hospital, where tea was provided by the Board of Management.

#### THE PHILLIPS MEMORIAL HOSPITAL, BROMLEY.

IN the Nineteenth Annual Report for the year ending December, 1907, the Committee congratulated the subscribers on the completion of the enlargement, so that now the hospital consists of 18 beds. Women's Ward, 6. Men's Ward, 6. Children's Ward 4, a private Ward for paying patients, and a separation Ward; 149 patients were treated in the wards of the hospital during the year.

Cured ... ..	90
<sup>1</sup> Much improved ... ..	26
Improved ... ..	12
Unimproved ... ..	8
Died ... ..	6
Discharged at own request ... ..	1
Still in at end of year ... ..	6

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149

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In addition to these there were 10 on whom dental extractions were performed under gas, and 17 casualties and cases of minor operation which received attention in the hospital, and were detained less than twenty-four hours; 59 operations

<sup>1</sup> Of these, five were sent to Convalescent Homes to complete their cures.

of a more or less serious nature were performed, and the services of Mr. Knox Shaw and Dr. Burford were on several occasions kindly rendered; 1,023 visits were paid to patients at their own homes.

The attendances of out-patients numbered 1,808. A pound collection was again held, and resulted in gifts to the value of £16 10s.

The Concert, which had become an annual event during the last fifteen years' has been unavoidably postponed owing to the closing of the only suitable hall in Bromley.

The total expenditure for the year amounted to £1,007 15s. 4d. The total income from all sources, including subscriptions, donations, investments and payments by patients, amounted to £1,011 18s. 1d. Over-draft due to bank on account of building extension and furniture, £781 5s. 10d.

H. W. T.

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### Correspondence.

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRs.—Some of my colleagues may be glad to know of a successful mode of dealing with a vascular malignant tumour which I was induced to apply recently. The bleeding was so profuse that fainting ensued on each occasion.

The tumour was large, purple, and became the seat of a deeply ulcerated chasm, with ichorous discharge, the surface being studded with black patches (venous sacs). Styptic colloid applied on Gamgee tissue, and pressure, failed to arrest the flow of venous blood, though phosphorus 6 was given every three hours. We then applied *hemisine* 1000, 3i, well mixed in a menstruum of *crude lycopodium*, with the result that no further attack occurred. The patient was aged 82, and surgical interference was contra-indicated. Improvement still maintained; phosphorus continued.

THOMAS SIMPSON.

*Birkdale.*

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

GENTLEMEN,—In the correspondence at present going on in your columns between Drs. Berridge and Scriven, the latter gentleman seems to object to Dr. Berridge claiming benefit to pneumonia from the administration of *Comocladia*. Looking at the subject from the Hahnemannian point of view, which is the true point of view, if such reports are “to bring contempt on the principles and practice of homœopathy,” as Dr. Scriven asserts they are “undoubtedly calculated to do,” I should like to ask where was the inconsistency in treating the most recent symptoms immediately, and thus preparing the way for directly treating the pneumonia if that should be afterwards required, which apparently it was not? If the patient had certain pains and conditions and concomitants of such pains, and these were found most markedly under *Comocladia*, then it was, according to Hahnemann’s teachings (proved by this time, I should suppose, in millions of cases sound and reliable at the bedside, and in however low a state the patient may be), the right, and the only right, thing to do. As to the “contempt of those who are wilfully ignorant of its (homœopathy) true foundations,” it may suffice to ask, What is the worth of the contempt of the wilfully ignorant in this or any other department of the great sphere of truth?

Yours truly,

EDWARD MAHONY.

#### DR. D. DYCE BROWN’S TESTIMONIAL.

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

GENTLEMEN,—Now that the Fund contributed towards this Testimonial has been finally closed, we will be glad if you will allow us to make use of your pages in which to give some account of our stewardship. For obvious reasons it is not suitable to publish details either of the amounts subscribed, or of the expenditure, but we can at any time supply them to any subscriber anxious to see a detailed balance sheet.

Briefly, then, the number of subscribers was eighty-seven (whose names are published below), and the sums subscribed varied from £2 2s. to 10s. 6d.; the total subscription amounting to £85 11s. 6d. Of this, the largest proportion was

naturally spent in the purchase and engraving of the large and handsome silver vase which was presented to Dr. Dyce Brown at the Congress dinner at Harrogate last September. Besides this, every subscriber was presented with an excellent cabinet photo of Dr. Dyce Brown—specially taken for this purpose by Bassano—together with a platinotype reproduction of the presentation vase and a list of the subscribers. After paying for these and for all the printing, posting, &c., of the circulars relating to the Fund, there remained in the hands of the Treasurer a small balance of £2 16s., which was accordingly handed to Dr. Brown, with a request that he would present it to any homœopathic public work he might himself select. Accordingly, he has this week handed this sum as a donation to the Phillips Memorial Hospital, Bromley, of which he has been the Consulting Physician since its foundation.

We are, Gentlemen,

Yours faithfully,

GEORGE BURFORD.

BYRES MOIR.

EDWD. M. MADDEN, *Treas.*

DUDLEY WRIGHT.

Below we give a full list of subscribers :—

Alexander, A. S.	Fairlie, —.	McLachlan, J.	Roche, E. B.
Ashton, J. T.	Finlay, J. T.	Macnish, D.	Roche, W.
Barnes, T. H.	Gilbert, S.	Madden, E. M.	Ross, P. A.
Bennett, H.	Goldsbrough, G. F.	Mason, H.	Sandberg, A. G.
Blackley, J. G.	Gordon, J. N.	Moir, Byres.	Scriven, W. B. B.
Burford, G.	Gould, E. G.	Moir, D.	Shaw, C. Knox.
Burwood, T. W.	Grace, N.	Moore, J. Murray.	Shaw, F.
Bryce, W.	Grieg, C. J.	Murray, J.	Smith, R. Gordon.
Cash, A. M.	Hall, E. A.	Nankivell, H.	Stacey, H. G.
Cavenagh, J. P.	Harper, J. P.	Neatby, E. A.	Stonham, T. G.
Chalmers, A. C.	Hawkes, A. E.	Newbery, W. F. H.	Storar, W. M.
Chapman, G. W.	Hayes, F. W.	Nicholson, T. D.	Stuart, P.
Clarke, J. H.	Hayle, T. H.	Nield, F.	Süs-Hahnemann,
Clifton, A. C.	Hayward, J. D.	Ord, W. T.	F. L. R.
Clifton, F. A.	Hayward, J. W.	Pincott, J. C.	Thomas, H. Wynne.
Clifton, G.	Hey, C. G.	Pope, A. C.	Wheeler, C. E.
Cooper, R. M. le H.	Hilbers, H. G.	Pritchard, J. J. G.	Wheeler, H.
Cox, P.	Hill, W. G.	Pullar, A.	Wilde, P.
Cronin, E.	Hill, W. Reed.	Purdom, T. E.	Wilmott, P.
Croucher, A. H.	Huxley, J. C.	Ramsbottom, S. H.	Wolston, W. T. P.
Day, J. R.	Jagielski, V. A.	Reed, W. Cash.	Wood, Prof. (U.S.A.)
Epps, W.	Johnstone, J.	Renner, C.	Wright, D. D.

## Special Review.

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*Alcohol and the Human Body.* An Introduction to the Study of the Subject. By Sir Victor Horsley, F.R.S., and Mary D. Sturge, M.D. (Lond.), with a chapter by Arthur Newsholme, M.D., F.R.C.P. London: Macmillan and Co., Limited.

THIS is a remarkable and most timely book. It is a calm and dispassionate examination, on strictly scientific lines, of the effect of alcohol on the human body. Though the question has a grave socio-political and national importance, the object of this volume is to put before the public and the profession the present state of knowledge "solely on the basis of experimental, anatomical, and statistical evidence." Chapter I. deals with "Alcohol, a Drug," and points out how scientific evidence has caused a great change in medical treatment during the last fifty years in reference to it, and the advantages to the patient accruing therefrom, as well as lessened cost in the management of hospitals. This applies both to the surgical and medical wards of hospitals, as well as to the treatment of insanity. As a drug, alcohol belongs to the group of narcotic poisons, a group which also includes chloroform and ether. Like other members of the class, it has a cumulative action. The action is modified in various ways:—(a) Age: it is specially injurious to the growing structures of young children, and even the popular idea that it is of benefit in old age is far from being true, as it leads to delayed excretion and a lowering of vitality. Sir Thomas Barlow affirms that "wine is not, as is supposed, 'the milk of the aged.'" (b) Exercise: this has a marked effect in eliminating the poison (alcohol), and therefore inhabitants of towns succumb more quickly than those who live in the country. (c) Personal idiosyncrasy: some people are more susceptible than others to the action of alcohol, especially where there is "any hereditary alcoholic taint," or a tendency to insanity, or organic disease of the nervous system—in all persons, in fact, who have "inherited an unstable nervous system." It is true, the authors point out, that there is an "apparent toleration shown by some persons to alcohol," but this is "no proof

that a minimum and permissible dose exists at all." Further, if the personal evil effects are not evident in such cases, yet they will almost certainly be shown by the decadence of the children and grandchildren of such a father, who are frequently epileptic, mentally defective or vicious, and of impaired vitality. Here we have a remarkable confirmation of the statement that "no man liveth to himself." In addition to all this, alcohol is a drug that induces a craving for repetition; herein lies one of its principal dangers. This is forgotten by the public, and often, I fear, by the profession as well. In this respect alcohol resembles morphia. We are "creatures of habit," and, according to Professor William James, six weeks is a sufficient time to form the foundation of a deeply-rooted habit. When the drug is withdrawn a "craving" follows, a condition to be dreaded unless the power of self-control be strong. Unfortunately, one of the first evil effects of alcohol on the brain is to lessen or destroy this power of self-control. "It always implies less expenditure of energy to crave than to control" (Clouston).

Chapter II. deals with "The Chemistry of Alcohol and of Alcoholic Beverages." A glance at the various materials used by brewers in the manufacture of beer would, we think, show that the greatest possible kindness anyone could do to the working man would be to "rob him of his beer." "Alcohol is a waste product in the activity of the yeast plant" (Professor Hodge). "Beer is a far more dangerous enemy to Germany than all the armies of France" (von Moltke).

Chapter III. treats of "Cell-life," regarding the cell as the "tissue unit." "The organism is not an individual but a social mechanism — always bringing us at last to cells" (Virchow). Whether we deal with a unicellular organism, such as the "amœba," or a multicellular organism with cells of highly specialized function, such as man, the effect is the same; in every case alcohol shows itself a very prominent protoplasmic poison. This is true both of vegetable and animal cells. For this reason alcohol lessens the "phagocytic" or protective power of the white blood corpuscles against the evil effects of pathogenic bacteria introduced into the body.

Chapter IV. deals with the naked-eye appearances and



microscopic structure of the various parts of the nervous system, as well as giving a brief outline of the functions of the various parts.

In Chapter V. the authors deal with "the effects produced by alcohol upon the nervous system." "From the medical and scientific point of view we have this great physiological fact before us, that the first thing that alcohol does in 99 cases out of every 100 is to affect the mental working of the brain of the man who imbibes" (Clouston).

One of the most elementary facts about the action of alcohol on the nervous system, is that it and similar drugs "attack the more complex living structures and functions before the simpler." This is a fundamental law in Nature. "Alcohol first attacks the highest centres and functions, only later overwhelming those of organic life." These surely are startling facts. The brain is the last of all the organs of the body to reach its full standard of development, and the special part associated with man's higher faculties is the last to be perfected. The evil effects of alcohol are most markedly produced upon the *very highest* functions of the brain. It begins by blasting the very highest and most God-like part of our being; and man, made in the image of God, degrades himself *below* the level of the brute. Alcohol could never produce the disastrous effects upon the lower animals that it produces in man, simply because that part of the brain for which it has such a special affinity is not developed in the lower animals. Drunkenness is a self-induced physical desire. It is all the more striking when we remember that there is not any natural physical appetite to afford a basis for origin of this evil indulgence. It is dependent for its origin on a *conception* (*i.e.*, a conscious act of the *understanding*) of self-gratification. It (drunkenness) implies a disordered state of the Will.

"Alcohol lengthens the time taken to perform complex mental processes, while, by a singular illusion, the person experimented upon imagines that his psychical actions are rendered more rapid." Truly, "Wine is a mocker." The feeling of well-being is also a pure illusion.

That alcohol is a cause of suicide cannot be doubted, and that there is a close connection between alcohol and crime is equally certain. Descending to everyday matters,

it is "beyond question that alcohol, even in so-called dietetic quantities, diminishes the output of muscular work both in quantity and quality, and that the best physical results are obtained under total abstinence from its use."

Chapter VI. deals with "Degeneration and Disease of the Nervous System due to Alcohol." Chief in this connection comes alcoholic insanity, in one or other of its degrees and forms. In 1903 Dr. Clouston wrote, "Alcoholic insanity steadily goes up." . . . "It is most sad and discouraging that this preventable cause of the most terrible of all human diseases should thus continue to increase. It is a veritable plague-spot in our social life."

In Chapter VII. we are introduced to the action of alcohol on the external skin, and its effect on the regulation of the temperature of the body. The discovery that alcohol actually lowers the temperature of the body was an event of considerable importance; although at the same time there is an illusory feeling of warmth, yet all the time the body is rapidly losing heat. Hence it is that "the greater the cold the more injurious is the use of alcohol."

In Chapter VIII. the effects of alcohol, in large and small doses, on the "Digestive System" are discussed. This includes, for the present purpose, the mouth, stomach, and bowels. From this point of view the action of alcohol is *irritant*, the effect depending on the strength of the solution used. The result is the well-known dyspepsia of chronic alcoholism. If alcohol is used in the treatment of dyspepsia, it is found that the dyspepsia is disguised but not cured. The effects are specially disastrous on the digestive functions of women, and persons of indoor occupation. In regard to foodstuffs, it is found that alcohol delays the digestion of proteids.

In Chapter IX. the vexed question, "Is Alcohol a Food?" is treated of. It is found that in no sense does it possess the characteristics of a true food. The mere "fact of a substance being burnt up in the body does not in the least entitle it to be called a *food*." Alcohol does not provide bodily energy, does not increase bodily heat, does not build up or repair animal tissues, and does not prevent tissue waste, and therefore it differs in every essential particular from a

true food. "The popular belief that alcohol acts like a food is due to the fact that it allays the sensation of hunger"; but this is due to its narcotic action, not to its food value.

Chapter X. is an important one, dealing with the effects of alcohol on the "Liver and Kidney." "More than three-fourths of the disorders in what we call 'fashionable life' arise from the use of alcohol" (the late Sir Andrew Clark). It is unnecessary to enter into a description of the well-known effects of alcohol on these organs, with which our medical readers are already too well acquainted.

Chapter XI. treats of the action of alcohol on "The Blood." "Besides its deleterious influence on the nervous system and other important parts of our body, alcohol has a harmful action on the white blood-cells, the agents of natural defence against infective microbes" (Metchnikoff). The presence of alcohol in the blood impairs all its nutritional and building-up processes.

In Chapter XII. "The Effect of Alcohol upon the Heart and Circulation" is examined. "Besides chloroform, alcohol may be mentioned as another drug which, while it renders the systolic output incomplete, increases the diastolic pressure and the dilatation of the heart" (Leonard Hill). A *stimulant* can never give strength to the heart or any other organ. Stimulants are like the "whip and spur" to the tired horse. To *give strength* food is required; but alcohol is not a food in any sense of the term. Alcohol tends to produce fatty degeneration of the muscular fibres of the heart, with subsequent gradual, or sudden and fatal, dilatation, and is an important cause of premature death. The effect of beer is to give rise to a condition of unhealthy enlargement due to dilatation, accompanied by some increase of tissue and fat. In Munich one in every sixteen of the hospital patients dies from this disorder; we see, therefore, that the habit of drinking even such a mild alcoholic beverage as "lager beer" is by no means harmless.

"The Effect of Alcohol on the Metabolism of the Body, and upon the Power of the latter to resist Disease," is discussed in Chapter XIII. Alcohol leads to deficient oxidation of tissues, and thus delays the normal elimination of waste material. This delayed oxidation leads to an increase in body-

weight. The gradual waning of the metabolic activities of the body is a cause of premature old age. Another important fact is that this altered metabolism leads to a diminished power of resistance to the invasion of disease from without, delays the healing of wounds, and prevents the production of immunity against disease. This chapter concludes by giving a long list of the diseases produced, directly or indirectly, by alcohol.

Chapter XIV. shows that all the evil effects of alcohol are accentuated when we come to examine its effects upon the tissues of children. If the effects produced on the physical frame of the child are disastrous, the effects on the moral and intellectual faculties are truly tragic. The young of all animals are particularly susceptible to the action of alcohol. One of the most frequent causes of evil habits, and of sexual immorality among young people, is the taking of alcohol.

Chapter XV. is of special importance—"The Influence of Parental Alcoholism upon the Race." "Drunkenness is distinctly hereditary" (Clifford Allbutt). "The brunt of the evil heritage caused by alcoholism falls upon the nervous system of the next generation." It is a fertile source of idiocy and imbecility, of epilepsy, of feeble-mindedness, and of general mental deficiency, as shown in school work, as well as of general nervous instability. Further, Professor Bunge has shown that there is a connection between deficient power of lactation—so common nowadays—and the alcoholic habit in the previous generation.

Chapter XVI., and last, is written by Dr. Arthur Newsholme, and deals with "The Influence of the Drinking of Alcoholic Beverages on the National Health." "If I could destroy to-morrow the desire for strong drink in the people of England, what changes we should see! We should see our gaols and workhouses empty. We should see more lives saved in twelve months than are consumed in a century of bitter and savage war" (Joseph Chamberlain, 1874). "Our national expenditure on alcoholic drinks means more than wasted money. It implies an enormous mass of wasted health and lost lives."

Such is a brief review of this remarkable book. It is a terrible indictment against those who are responsible for the

many temptations to indulge in alcoholic beverages placed at every street corner, and for the maintenance of the Drink Traffic in general. The book ought to be in the hands of every member of Parliament, and every member of the House of Lords, at the present crisis. The great object of the laws of our land should be *to make it easy to do right*. The brunt of the temptations to indulge in alcoholic liquors for the most part falls upon the morally feeble ones, and those with a hereditary alcoholic taint—the very classes that ought to be specially protected and safeguarded by the Legislature. In imagination one seems to hear the saddest of all reproaches: “Inasmuch as ye did it not to one of the least of these My brethren, ye did it not to Me.”

We are accustomed to regard consumption and cancer as the scourges of our country, and appallingly dreadful they both are. But, terrible as these diseases are, they are by no means the greatest scourge of our land. Its greatest scourge is alcohol. Alcohol itself is also one of the greatest factors in the production of consumption. Yet think of the great outcry (and rightly so) about consumption and cancer and the numerous precautions adopted or devised. I quite approve of these precautions. Nevertheless, until the drink question—the root-question of all—is fairly and honestly faced, without fear or favour, no advance can be made. In the light of these terrible questions all our efforts and precautions bring irresistibly to one’s mind a vision of bearded and solemn-faced “scribes, Pharisees, hypocrites,” sitting round their tub straining out the gnats with the greatest care and patience, but swallowing the camels. Yet there is no outcry about drink, except by a few misguided fanatics and cranks? Drink rides in its carriage, and is patted on the back by Church and Chapel, and the big dividends are pocketed by saint and sinner alike.

We talk about and deplore the physical degeneration of our people, and rightly so; but one thing we forget, and that is that *moral* degeneration has preceded the physical. It has been so from the first of time and will be so to the last: moral degeneration *always* precedes physical; and one of the greatest causes of moral degeneration is alcohol. Royal Commissions are appointed to investigate the matter and find out

the cause, and reams of rubbish are written thereon. Many causes are given and are described with the greatest care and minuteness, and remedies suggested; but the one great and all-sufficient cause is alcohol. Alcohol is the very "genius of degeneration"; everything it touches degenerates, first moral, then physical. And what is true of individuals is equally true of nations. A nation under the baneful influence of this poison is bound to disappear, to decline and fall. Here the doctrine of the "survival of the fittest" applies with cast-iron rigidity, and our own country will be no exception to that rule. This fact England must here and now lay to heart, else England will soon cease to exist among the Nations.

We talk learnedly about heredity, environment, and the criminal classes; but what are the great agencies in the manufacture of these same criminal classes? Drink, and our prison system; what the one leaves undone the other does. Drink stocks our madhouses and fills our condemned cells; crowds our workhouses, and gluts our homes for feeble-minded children. It keeps the President of the Divorce Court busy from morning till night, year in and year out. Drink, in short, is the *front door* admitting to every other lust of the flesh. Still there is no outcry against drink except by people who have a few "slates off the top." It pays too well; it is a vested interest, and vested interests, we are told, must be dealt with tenderly, and that, too, even though they destroy more men and women, both body and soul, than consumption, cancer, war, pestilence, and famine combined. Yet, with singular untruth, it is sometimes named "*eau de vie*." The question is not one of politics merely; it is a question of life and death for the Nation. Yet the religious leaders, or rather misleaders, of the Nation as a whole, look on with smiling approval or studied indifference, and with a smug smirk quietly pocket the big donations and subscriptions derived from money, the price of the ruin of the souls of men; in this respect they compare unfavourably with the Sadducees of old who crucified the Man of Nazareth, for they at least refused to have anything to do with the "thirty pieces of silver," because they were the price of blood. Our modern Sadducees have no such scruples.

We are accustomed to regard with peculiar contempt and loathing Judas, the man of Kerioth, because he betrayed his Master and Friend with a kiss. The Greek word indicates that this kiss was no Society peck, but an apparently warm-hearted kiss, frequently repeated, as between friend and friend. I hold no brief for Judas, though a good deal might be said for him, and not the least that "he went and hanged himself."

Are not those who support this disgraceful drink traffic, whether they be Lords temporal or spiritual—beer Lords or bible Lords—more worthy of contempt than the man of Kerioth? He at least did not know what he did, and expected altogether a different *dénouement*. But they, with open eyes, well knowing what the result must be, heap temptation on temptation in the path of the feeble ones, and cause God's weak ones to stumble, instead of supporting and protecting them like the Master they profess to follow. If this is not a betrayal of their high office as leaders of men, one would like to know what the word "betray" means. Yet, unlike the first of the race, of whom they are the legitimate descendants, *they* have not even the good grace to go and hang themselves.

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#### DEATH OF DR. POPE.

As we go to press, we learn that our old friend, Dr. A. C. Pope, passed away peacefully on the evening of the 26th inst. No details are yet to hand; nor did we know that he was out of his usual health. We hope to give a full notice next month.

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#### Notices, Reports, &c.

##### BRITISH HOMŒOPATHIC SOCIETY.

THE sixth meeting of the session was held at the London Homœopathic Hospital on Thursday, March 5, at 8 p.m. In the absence of the President, Dr. Byres Moir took the chair.

Dr. ROBERSON DAY showed a case of head-nodding with

lateral nystagmus of the left eye in a female child aged 10 months. For the first six months of life the child had been fed at the breast, but had nevertheless suffered from convulsions coming on after feeding; it was then fed on malted milk and the convulsions ceased, but five or six weeks ago the head-nodding commenced. The noddings are worse when the child is tired. There are four teeth. For treatment Dr. Clarke suggested *lycopodium*, Dr. Thomas *actæa*, and Dr. Vincent Green *liquor arsenicalis*.

Dr. JOHN H. CLARKE then read a paper entitled, "Radium as an Internal Remedy, exemplified in Cases of Cancer and Diseases of the Skin, with Provings and Schema."

After considering the place of radium as an element and its remarkable physical properties, Dr. Clarke read out a list of homœopathic provings of radium, showing that its seat of election is the skin and epidermis, and allied structures, such as the conjunctiva, and that it by preference attacks the right side. It irritates, inflames, and ulcerates these structures, and also causes extreme irritation of the superficial sensory nerves. Dr. Clarke had found *rhus venenata* to be the best antidote to it. He related several cases which had been cured or markedly benefited by the use of radium, usually in single doses of the thirtieth dilution, infrequently repeated. Most of the provings were made with the same dilution given also in single doses, and the symptoms thereby elicited frequently did not appear till some days after the dose had been taken, and extended over a long period. The paper concluded with a schematic arrangement of proved and cured symptoms.

A discussion followed in which Doctors CRONIN, THOMAS, JAGIELSKI, COOPER, STONHAM, BURFORD, GREEN, HEY and BYRES MOIR took part.

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#### LONDON HOMŒOPATHIC HOSPITAL.

The EARL CAWDOR, the Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received



£1,000, a legacy from the estate of the late Mrs. Elizabeth Mason, St. Leonards-on-Sea.

The Treasurer has also received £1,300, a legacy from the estate of the late Miss Emily Rebecca Leon, to endow a bed in a female ward, to be called "The Leon Bed."

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#### BRITISH HOMŒOPATHIC ASSOCIATION.

A CONCERT in aid of the Research Work of the British Homœopathic Association was given on Tuesday, March 17, at the Æolian Hall, New Bond Street, London, W. The concert was organized by Mrs. Lee Matthews, who comes of a well-known and influential homœopathic family—that of de Selincourt; and who, in conjunction with Dr. Charles E. Wheeler, arranged a programme of classical music, which was splendidly rendered by various ladies and gentlemen, who kindly gave their services. Among these must be especially mentioned Mrs. Lee Matthews herself and Miss Janet Wheeler, whose finished interpretation at the pianoforte elicited in both instances enthusiastic applause. Señor Rubio delighted the audience by his masterly performance on his instrument, the violoncello; and the applause was unstinted after the brilliant rendering of Beethoven by Mrs. Lee Matthews at the pianoforte and Señor Rubio at the 'cello. One of the gems of the evening was the magnificent rendering of the "Messenger's Speech," by the famous actor-manager, Mr. Granville Barker, whose genius in recital fairly electrified the audience. Madame Agnese Giglio gave two songs in a way which the entire audience insisted on rewarding by special appreciation. Mr. Charles Clark, who had already carried through a successful concert of his own on the same afternoon, very kindly came forward to fill the place of Mr. Gervase Elwes, who was detained at the last by an unfortunate and regretted attack of illness.

We understand the net revenue of the concert was about £50. The following was the programme as originally arranged:—

## PROGRAMME.

## PART I.

Andante and Variations for Two Pianos. Op. 46 ... .. *Schumann*  
Miss JANET WHEELER. Mrs. LEE MATTHEWS.

"Ein Wanderer" }  
"Salamander" } ... .. *Brahms*  
"Minnelied" }  
Mr. GERVASE ELWES.

Prelude in C Minor ...  
Studies in A Flat, C Sharp Minor and C Minor } ... .. *Chopin*  
Mrs. LEE MATTHEWS.

Suite in G for Violoncello alone ... .. *Bach*  
(1) Prelude Allegro Moderato. (4) Sarabande Largo.  
(2) Allemande Moderato. (5) Minuet un Poco più Mosso.  
(3) Courante Allegro non Troppo. (6) Gigue Allegro.

SEÑOR RUBIO.

"The Messenger's Speech from the 'Hippolytus' of Euripides"  
(Translated by Gilbert Murray)

Mr. GRANVILLE BARKER.

Hippolytus, the son of Theseus, King of Athens, has gone into exile under the curse of his father. One of his henchmen returns to bring tidings of him.

## PART II.

"Sweet Isle" ... .. *Arr. by Stanford*  
"Phyllis" ... .. (Arr. by H. Lane Wilson) *Antony Young*  
"Absent yet Present" ... .. *M. V. White*

Mr. GERVASE ELWES.

Intermezzi, Nos. 4 and 2. Op. 4 ... .. *Schumann*  
Miss JANET WHEELER.

Allerseelen ... .. *R. Strauss*  
Villanelle ... .. *Eva dell'Acqua*

Madame AGNES GIGLIO.

Sonata in A for Piano and Violoncello. Op. 69 ... .. *Beethoven*  
Allegro ma non tanto. Scherzo. Allegro Molto.  
Adagio Cantabile. Allegro Vivace.

Mrs. LEE MATTHEWS. SEÑOR RUBIO.

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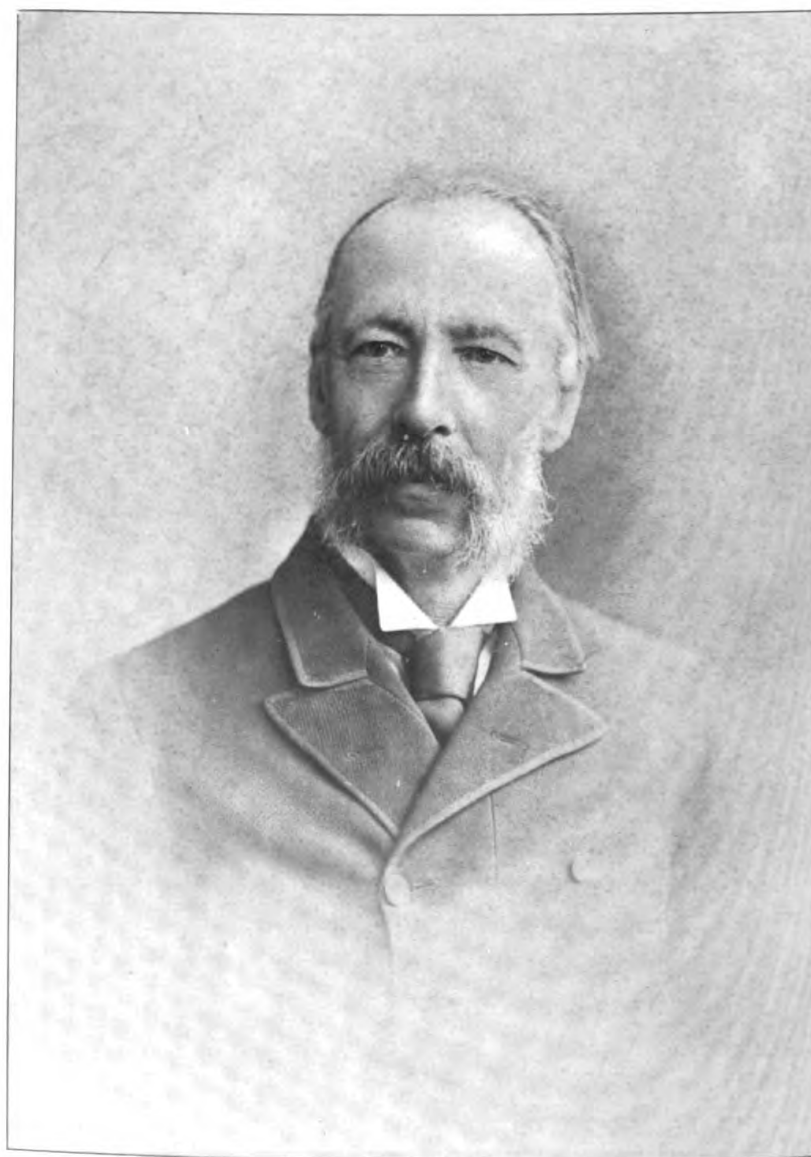
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## BOOKS AND PERIODICALS RECEIVED.

*St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate, No. 1.*





THE LATE DR. A. C. POPE.

# THE BRITISH HOMOEOPATHIC REVIEW.

MAY, 1908.

## Editorial Notes and News.

“ The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

UNDER this heading Dr. F. J. Poynton **Arthritis in Young Children.** *Medical Journal.* It is not easy to determine whether we have to do with an *arthritis*, an *epiphysitis*, or both combined ; again, arthritis may be associated with symptoms of dangerous illness, due to other diseases.

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**Gonococcal Arthritis.** DURING the first three months of life usually, and is associated with purulent ophthalmia. There may be polyarthritis, and the knee joints are chiefly attacked. Recovery is the rule, though suppuration may follow, by invasion of streptococci and staphylococci, and cause death from pyæmia. The latter organisms alone may also give rise to a primary *septic arthritis*.

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**Rheumatic Arthritis.** UNDER 5 years of age acute rheumatism is not common : after that age it is the commonest form of arthritis. There is a form of arthritis described by Still, which is chronic and progressive, and girls are more often attacked than boys. The spleen and lymph glands are also enlarged. The arthritis is peri-articular and affects the wrists, knees and spine.

**Congenital Syphilis.** THIS but very rarely attacks joints at an early age ; but syphilitic epiphysitis usually begins in the first year, or first six months of life.

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**Association with other Diseases.** ARTHRITIS may occur in both posterior basic and epidemic cerebro-spinal meningitis. The swelling is usually peri-articular and sometimes almost painless. Arthritis may at times be associated with tubercular meningitis, pneumonia, and hæmophilia ; in the latter disease, it is due to hæmorrhage into the joints.

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**Scarlatina in Children.** THERE are enormous numbers of streptococci in the throat, the *Streptococcus pyogenes* being constantly present. In the majority of fatal cases streptococcus infection can be demonstrated. The incubation period is the shortest of all the acute specific exanthemata ; it may only be a few hours, but is generally from two to four days. The onset is sudden, with vomiting which is explosive, without nausea, and is seldom repeated more than once or twice. In scarlatina there is always a marked leucocytosis, and this serves to distinguish it from measles. Even in the mildest cases the epitrochlear glands enlarge, and in about 80 per cent. the inguinal glands also. Moser's serum has been used in the treatment at the Vienna Children's Hospital since 1900 ; before the use of this serum the mortality at this hospital was 15 per cent., since its use, 9 per cent. This serum is scarce, and enormous quantities are required for injection—5 or 6 ozs. (*Chicago Pediatric Society*). These results are exceedingly poor compared with the results of Homœopathic treatment ; a death rate of 9 per cent. in scarlet fever is enormous.

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**The Tsetse-fly.** MR. A. L. BUTLER, Superintendent of Game Preservation, Soudan Government, writes a letter from Khartoum to the *Spectator* to clear up some popular misconceptions with regard to this insect. It appears from his

communication that there are two varieties of tsetse-fly concerned with two kinds of trypanosomiasis. They are the *Glossina morsitans*, connected with animal trypanosomiasis (nagana) and the *G. palpalis*, connected with human trypanosomiasis, otherwise called sleeping sickness. The *G. morsitans* transfers the trypanosome of nagana from the blood of game animals, in which it is habitually carried and which are immune to it, to the blood of domestic animals, to which it is fatal. On the other hand, the trypanosome of sleeping sickness has never been found in the blood of any game animal, and the fly which carries the *G. palpalis*, disseminates the trypanosome by man-to-man inoculation. It is true that the *G. palpalis* feeds on the blood of game as well as of almost all vertebrate animals, and so might die out for want of sustenance if they were destroyed, but this is by no means certain. A more sure way of getting rid of it would be by clearing out its breeding grounds, which are limited in extent, as the fly requires more or less open water with contiguous shade and a certain amount of well-defined banks, in the soil of which the pupal stage is passed. The flight range of the fly from these breeding grounds is short and the clearing of them out is by no means a hopelessly large undertaking. *G. morsitans*, the carrier of animal trypanosomiasis or nagana, is a fly of wider range, and is found much further away from water than *G. palpalis*. It has never been known to carry the trypanosome of sleeping sickness.

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MR. HERBERT BINDLEY in a letter to **The Destruction of Mosquitoes.** the *Times*, April 10, gives the information that Barbados is the only West India

Island that is absolutely free from malaria. Though the culex mosquito is abundant in the island, the Anopheles cannot be found. This fact is accounted for by the Anopheles only being able to breed on the ground level, none of its larvæ being found in tanks which are raised even a few feet above the earth, whereas the culex breeds in the gutters on the roofs of high buildings as easily as in the low-lying swamps and pools. That the Anopheles is not able to propagate itself in the swamps and pools of Barbados is owing to the presence in them of swarms of a tiny fish,



known locally from their great numbers as millions, whose favourite food is the larvæ of the mosquito. This fish has been identified by Mr. Boufenger, F.R.S., of the British Museum, as *Girardius pæciloides* and has been imported into the malarious districts of some of the other islands with good results. They have been sent to Antigua, Jamaica, Colon and British Guiana. Mr. Bindley suggests that they should be sent to the malarious parts of Africa, where they might be useful not only in combating malaria, but also possibly other diseases propagated by insects which pass their larval stage in water.

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**Wireless Tele-  
graphy and  
Navigation.**

THE *Westminster Gazette* of April 9 contains a paragraph concerning a proposal laid before the French Academy of Sciences a few days ago "for using the Hertzian waves as a help to navigators in determining the position of their ships. For example, the wireless post of the Eiffel Tower might easily send a signal out within the full range of its activity once in twenty-four hours, say at midnight. Every vessel that happened to be within range at the time—and, of course, possessing a suitable receiver—would thus be informed, without possibility of error, of the exact time on the meridian of Paris, and a comparatively simple calculation and comparison with the ship's chronometer would give the longitude required." The speaker went on to suggest that if a sufficiently powerful wireless station were established on the peak of Teneriffe, at a height of 3,600 metres (14,000 feet nearly), the waves would encircle the earth, and thus provide all the world with a universal measurement of time.

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**Fashion in  
Medicine.**

It is a melancholy fact that the most important of all matters affecting the well-being of the race should be influenced by fashion. Undoubtedly this is true of medicine. It is not true of the natural sciences—in which we cannot, unfortunately, include medicine, so long as Nature's law of cure is ignored—the workers in these plod steadily on, accumulating facts, with perfect indifference as to fashion or custom. But that various methods of treatment or sup-

posed cure are in fashion for a time only, especially amongst the upper classes and their physicians, and then fall into disuse and are shelved for others, is a notorious fact. And this occurs largely regardless of their merits, for some having some little good in them are vaunted as cure-alls, and then are completely cast aside, the really useful element in them being entirely forgotten. These remarks are suggested by a letter read before the recent meeting of the Western Counties Therapeutic Society, given in our last issue, in which it was pointed out that homœopathy was out of fashion with the upper classes. This is undoubtedly a fact at the present time. There have been waves of fashion for homœopathy as for other methods of treatment, and just now we may be suffering from a slump. How may this be overcome, and the fashion set in our direction again?

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**Homœopathy  
in Fashionable  
Circles.**

HOWEVER this may be, it fortunately does not affect the generosity of those who know and value our methods, of which the large sums contributed to the great homœopathic charities bear abundant witness. That there are a large number of homœopathics in the higher circles of society who are less generous we are well aware. But we think that those who freely assist with their purses may forget the equally important necessity of discussing and defending their beliefs amongst friends. May there not be a tendency to hide our light under a bushel, and to shrink from proclaiming with no uncertain voice the faith that is in us? If a determined attempt to do this, in season and out of season, were more generally made, the tide of fashion would soon flow in our favour, and homœopathy would become a subject of general interest. The dread also of consulting a homœopath, because he is "unfashionable," would be lessened for the timid, who at present shrink from such independence of action. People are willing to be cured by homœopathy in secret, but ashamed to let the fact be known. We are acquainted with some intelligent persons of title in high life who are interested to discuss homœopathy, recount cures effected by it, are largely believers in it, and some even have a case of homœopathic remedies which they use, but in spite of all this they will not

see or consult a physician known to be a homœopath. No, fashion in physicians is of more importance than bodily well-being to such. Surely this is a contemptible and ludicrous hindrance to progress, which can only be removed by boldly putting health first, and ignoring the custom observed by devotees of fashion.

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**Poisoning by  
Antidiphtherial  
Serum.**

Two letters have recently appeared in the *British Medical Journal* by medical men who have experienced unpleasant effects after injections of this serum.<sup>1</sup> Dr. Bligh, after a "prophylactic dose" of 1,000 units on two occasions, experienced *nine days after the injection* an urticarial rash. On the second occasion this was very profuse, not only on the arm—the site of injection—but over the chest and abdomen. It came suddenly, in a few minutes, and its disappearance was followed at once by severe faintness. As the faintness passed the rash re-appeared in aggravated form, affecting in addition the lips and buccal lining of the cheeks. There was also great epigastric discomfort, as if from flatulence which could not be moved. After a wretched night, Dr. Bligh describes himself as being all right next morning, the rash having gone.

Dr. Bligh's unpleasant experience is full of significance to the homœopath. Firstly, it reveals a new remedy for urticaria when accompanied by similar symptoms, which in this case were faintness decreasing as the rash appeared, sudden onset, and epigastric discomfort as if from flatulence. Secondly, it confirms our belief in Hahnemann's discovery that the action of a single dose of a remedy sometimes continues for many days, or even weeks. Thirdly, it gives warning against the use of powerful nosodes in "physiological" doses. The disastrous effects of Koch's first tuberculin injections afforded many painful examples of this error, and we are surprised that the lesson has not been better learnt by serum-therapists.

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<sup>1</sup> Similar experiences by another practitioner are narrated in the *British Medical Journal* for April 18.

**The Dangers of Serum in Prophylaxis.**

BUT this is not all. We call to mind with pain the many sad cases of sudden death from cardiac failure after injection, which have been attributed to diphtheritic poison, but which should rather be credited to the remedy so dangerously misapplied. These lessons, so patent to those who understand the homœopathic action of drugs, are naturally lost to Dr. Bligh, whose only suggestion is, not to diminish the dose, but to increase the coagulability of his blood by *calcium chloride* or *lactate* before taking his next "prophylactic" injection. May we suggest how much safer and simpler it would be for him to take a dose of the serum potentized to the 30th dilution, according to the methods of the illustrious Hahnemann? If it be asked why the symptoms described should be produced by a single dose of the serum in a healthy person, when diphtheritics take their injections with apparently successful results, the answer is that by the gradual absorption of poison in the early stages of a diphtheritic attack all the opsonic power of the blood is actively set to work to combat the malady, whilst by a sudden injection of a large dose of horse-serum under normal conditions it is taken unprepared. A knowledge of this simple fact should have prevented the use of such a dose for prophylactic purposes.

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THE recent influenza epidemic, with its sequelæ of bronchitis and pneumonia, has given the more thoughtful of our opponents some heart-searching as to the unsatisfactory nature of modern drug-treatment in these disorders. As a result we find two significant papers in the same number of the *British Medical Journal*,<sup>1</sup> one by Dr. Eustace Smith and the second by Dr. Samuel West. The former writes "A Plea for a Neglected Remedy," which proves to be our old friend *antimonium tartaricum*. This paper is full of veiled homœopathy, every effort having been made to extract all the uses of the remedy according to Hahnemann's great law of similars, whilst ignoring the obvious fact of their homœopathic relationship to the symptoms which confront

<sup>1</sup> February 29.

the author at every point of his arguments. Altogether the article—a very practical and able one—is the most homœopathic we have seen in this journal for a long period. In our opinion it is impossible for an author of such intelligence and perception to remain unaware of the only possible explanation of the uses of *antimony* as he describes them, or to write such a paper unconscious of its obvious trend. Why does not Dr. Eustace Smith follow the example of such eminent men as Professor von Behring, Pasteur, Professor Osler, and Sir A. Wright, and acknowledge the truth of that fact which it becomes increasingly fatuous to ignore?

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**Dangers of  
Prevalent Drug-  
Treatment in  
Bronchitis.** THE author very properly blames the therapeutic ignorance of the younger generation of medical practitioners, who prescribe mixtures of stimulating expectorants, such as *carbonate of ammonia* and *squills*, in total disregard of "the character of the symptoms." He then explains that *antimony* acts as a relaxing expectorant; but because in full doses it produces profound depression, we are advised "to prescribe it in small doses frequently repeated." All this, and much more, the merest tyro in homœopathy knows, and that without troubling his wits about depressants or stimulating expectorants, or the exact (supposed) condition of the bronchial mucous membrane. The law of similars, with some knowledge of the more prominent symptoms produced in the healthy by *antimony* (as given in every elementary homœopathic guide), enables him to treat bronchitis with far more success, safety, and comfort to the patient than the young practitioner who ignores these facts, even though illuminated by such knowledge as is here offered him. The actually dangerous character of modern hap-hazard prescribing is pointed out very forcibly by Dr. Eustace Smith, who is convinced that by the misuse of these "expectorants" what "should have been a mild indisposition has often been aggravated into a serious illness by driving the catarrh further and further into the minuter tubes, and that in children a moderate bronchitis has not seldom been turned into a broncho-pneumonia." From these dangers also the humblest follower of Hahnemann's teachings is happily preserved.

**The Modern  
Treatment of  
Pneumonia.**

By slow degrees our friends who "differ from us upon a point of therapeutics" are beginning to discover that Hahnemann and his followers are right when they insist on the necessity of *treating symptoms* in disease. As noted already, Dr. Eustace Smith confesses this, and now we have a plea for symptomatic treatment from Dr. Samuel West in the same number of the *British Medical Journal*. This advice was given in a clinical lecture delivered at St. Bartholomew's Hospital on "The Treatment of Pneumonia." Having reviewed the various methods of treating the disease with a view to killing or expelling the pneumococcus, and having confessed their failure, notably that of the last of them—serum-therapy—Dr. West appeared to turn in despair, from vain efforts to treat the disease, to the patient, and proposed *to treat him*—not without an apology to those who would exclaim at so unscientific a proceeding. Dr. West's words are worth quoting. After remarking that there is no serum treatment for pneumonia, he says: "We have, therefore, now to turn to the patient himself. That treatment is called symptomatic. Symptomatic treatment is often spoken of disparagingly, but, after all, if you cannot treat the disease you may as well treat the patient; and if you save your patient, it does not matter whether you have been treating the disease or not." After this wise decision, we regret to find that treating the patient resolved into little more than good nursing, with the occasional administration of *strychnine* or *digitalis*, and the use of a few leeches to relieve pain. Nevertheless we hail this tardy acknowledgment of the need for symptomatic treatment of patients, which homœopaths have insisted on for a century past, as an important advance in therapeutic knowledge, and, if generally accepted, likely to pave the way for the reception of the fact of the law of similars, though perhaps under another name.

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## Original Articles.

### THE RATIONALITY OF HOMŒOPATHY.

By J. F. P. LEWIS.

THERE is no subject which can be of more importance to the human race than the cure of disease. So near is it to us, that few people of intelligence could be found who had not given a certain amount of anxious thought to the *rationale* of medical administrations. This being so, and considering the boundless collections of medical records, and the constant opportunities for observation, which are available, it is perhaps one of the strangest things in history that to-day, thousands of years after the commencement of the chronicled history of man, two methods of cure should be professionally exercised, differing so fundamentally from each other as to contain each a first principle absolutely destructive of the other—cure by similars and cure by dissimilars. It must be presumed that both methods are founded in some sort upon formulated data of a logical, theoretical, or experimental nature, but it is always open to those interested to examine those data and to question their validity. It is hardly credible that the same person could rationally believe that if it were good to take for the cure of an ulcer, say, of the stomach, a drug which itself proximately tends to produce ulcers, it were also good to take a drug which proximately tends to assuage all the manifest symptoms of ulceration. If, therefore, we reflect at all upon such matters, we shall be faced at some time or other with the necessity of deciding as to which medical doctrine we will pin our faith to—homœopathy or allopathy. The majority up to now have chosen allopathy, because it is the easier, certainly not because it is the best. The average mind works in the easiest grooves, and follows the line of least intellectual resistance. There are certain instinctive orders of thought, and to these man is predisposed. Many mental traits still persist which have their origin in a far more primitive mental development than that which rules to-day. This is intellectual primordialism; not the deliberate choice, but the instinctive habit of the ordinary mind. Serious

reflection is required to lift the mind out of this primordialism of thought and judgment, and it is this serious reflection which is, unfortunately, both difficult and distasteful to the ordinary person.

The conception of an antidote is wholly aboriginal. It is simultaneously developed in the mind with the thing to be antidoted. I am hungry ; I eat. I am cold ; I warm myself. I am tired ; I rest. Out of one hundred children to-day, ninety-nine, if they had burnt their hand, would immediately seek to apply something cold to it, and would do so if not checked ; and many people of maturer years and judgment would have the same impulse. Nearly every hand that is burned to-day in the kitchen goes instantly under the cold water tap, and even if this step were prevented, much harder persuasion would be required to bring the injured person to test the efficacy of holding the burned hand near the fire. Such a proposal violently opposes primordial instinct.

A heavy burden has been assumed by homœopathy in seeking to overthrow the belief in treatment by antidote ; but much progress has been made. But the progress would probably have been much greater if the homœopathic faculty had brought more prominently to public notice a more easily comprehended and better formulated *rationale* of the principle of curing by similars ; a kind of manifesto containing centrally some suggested explanation of the beneficial action of similars which should appeal immediately, and with great force, to the person of ordinary intelligence. It is this lack of apparent *rationale* that keeps homœopathy out of popular favour, and this in spite of the fact that it seems to be possible to set forth the homœopathic conception in a form which is quite as logical and readily admissible as the idea of cure by antidote.

The human body is a highly complex organism composed of many different organs or constituent parts, the functions of which are specific and separate, but which are mutually dependent on one another in a greater or less degree. Where every organ or constituent part is perfect and functionates perfectly, that is perfect health. The failure through any cause of any organ or constituent part to functionate perfectly weakens the whole organism. By the partial failure of one



working part, a strain may be put upon some other organ, causing it to over-functionate (hypertrophy), or the function of some organ or part may entirely cease (atrophy); but in any case, functional failure or over-function will both mean, in some direction or another, an extra expenditure of vitality, placing a strain upon the heart, which is the fountain and origin of all vitality. Perfect organic vitality is only possible where there is perfect action of the heart, and the heart cannot vary quantitatively or qualitatively in its action except at the expense of the whole organism. All things, therefore, which derange the functions, consequently affect the heart and lower the vitality. We must therefore lay it down as an axiom that in all cases of disease, but in vital diseases particularly, it is in the last degree inadvisable to cause by treatment any further and sudden functional disarrangement (such as contraction of blood-vessels by digitalis, violent stimulation of the bowels by strong aperients, &c.), as this must inevitably mean an additional strain upon the patient's vitality.

When the function of one or more organs or constituent parts becomes impeded by disease, phenomena occur which are called symptoms. These symptoms are essentially Nature's own manifestation; they are a law and an invariable process of Nature. It can be laid down without great stretch of fancy that these symptoms, however deleterious, are necessary to Nature's plan, *i.e.*, to the natural course of the disease. It seems essentially rational to suppose that Nature will strongly object to a sudden and violent attack being made upon those symptoms with the object of destroying them, as long as their cause remains in the organism.

Here we come at the root of the difference between allopathic and homœopathic treatment. The allopath attacks those symptoms immediately with a powerful drug; he strikes a blow at a process which is detrimental, it is true, but he strikes a blow at Nature. Nature says: "I am dealing with the disease in this way; this is my way. I may be unsuccessful in restoring health—no blame to me; this organism has transgressed my laws in many ways, and has now become inoculated with a poison which is entirely foreign to my scheme—but do not interfere with my operations any more than you can help." But the allopath takes no great heed of

Nature's voice; in goes his drug, which itself is capable of greatly disarranging natural organic processes and lowering vitality; and the already sorely tried tissues are called upon to cope with the effects of the drug, as well as to withstand the shock caused to the system by its enforced abandonment of the processes set up by Nature. And here you have a premisable mischief wrought by allopathy, *i.e.*, a further considerable functional derangement added to that already caused by the disease (which cannot by any known method be instantaneously removed by artificial means), which means a further strain upon the vitality of the patient. There are, of course, sufferers who are strongly constituted, and have great reserves of vitality to withstand the first shock of allopathic treatment. If they can weather that, they can doubtless reap a benefit later from the corrective action of the antidote administered; but it may be said that they are cured in spite of, not by reason of, allopathic treatment.

The homœopath observes the symptoms of disease and ascertains their cause. His idea is to help Nature out. He knows a drug which, if applied in certain quantities, will produce similar manifestations to those which the disease is naturally producing. By applying that drug in small quantities he hopes to sweetly and gently dispose the tissues affected to that condition into which the disease itself will bring them. The disease in its attack upon the tissues involved is, as it were, partially disarmed by finding those tissues already manifesting the same type of disorder as it (the disease) itself will convey to them. An artificial process has been superimposed by an at any moment terminable and in reality harmless drug treatment. It is probably true that what is most truly upsetting and dangerous to the human organism is abrupt change in or interference with existing plasmic processes, *i.e.*, shock. The homœopathic method tends by preparation of the tissues to nullify as much as possible the shock delivered by the disease. Forewarned is forearmed. Surely if ever anything was rational, homœopathy is; not to set up a further cellular conflict in the already harassed organism, but, as it were, quietly to prepare the way for Nature, and to assist her to wear out and expel the disease in her own way.

The most apparent objection to homœopathy will be this:

If you have a person suffering from a disease which is producing dangerous symptoms, and you administer a medicine which is known to produce similar symptoms, however insignificant the dose, the treatment will increase the symptoms *pari passu* with the dose, and the danger *pari passu* with the symptoms. In reply to this, it may be said that the homœopathic dose is adjusted merely to dispose the tissues to the condition produced by Nature. Taken by itself during perfect health the cellular disturbance caused by a homœopathic dose would be so slight as to be negligible. Further, it must be remembered that the disturbance caused by a drug, unless given in very large quantities, differs radically from the disturbance caused by true disease, since drug disturbance is artificial and ceases if the drug ceases to be administered, which is always optional. The process is therefore purely temporary, and to all intents and purposes harmless; and it is arguable that the heaviest of the shock dealt to the body by the attack of disease on certain tissues is warded off if the disease finds that those tissues are undergoing a mild, artificial, and essentially harmless excitation like in character to that which the disease will produce. By aid of a drug artificially to set up a mild condition of the affected tissues similar to that manifested by Nature—that is homœopathy. By aid of a drug artificially to set up a condition of the affected tissues directly contrary to that manifested by Nature—that is allopathy.

It may be said that all this is purely conjecture, but the answer to that is: What arguments are there of a less conjectural nature which can be advanced to show that the specific action of allopathically administered medicines on the human body is more beneficial.

If it be admitted now that homœopathy has established some rational theoretical basis on which to stand, it is at once possible to go further and carry the war into the enemy's camp. The homœopath starts out in all his practice in a profound belief in the homœopathic law, and the whole of his operations are inevitably governed by that. His administrations have ceased with him to be an experiment, in the outcome of them he sees the pre-ordained manifestation and triumph of a great scientific law. The feeling in the minds of those

treating disease allopathically must always lack this element of security and certainty by virtue of the very nature of the treatment itself—a treatment which admits of the administration of fifty different drugs for one disease, the practitioner being at liberty to feel his way through the whole gamut of pharmaceutical preparations in the hope of alighting on the required drug. This is very much on the principle of throwing a large quantity of mud in the hopes that some may stick. He has no basic law governing his operations and constraining pathologically an invariable treatment, but a principle of antipathy which leaves so wide a toleration in prescription that it constitutes not law but chaos.

It has been said that homœopathy is quackery, but there was never a more worthless or thoughtless criticism. It is homœopathy that has its root in science, its sanction in logic and its mirror in Nature; it is allopathy which finds no scientific resting place for the sole of its foot, but ranges incessantly over the boundless fields of empiricism. There are many allopathic doctors to-day who try even homœopathy as a variant on their other forms of treatment, but without professing it and probably disbelieving in it. They will play it as a bad whist player will lead a card, having no recommendation or sanction in the game except that derived from blind trust in a beneficent providence. This is not the use but the abuse of homœopathy, where the name is borrowed to describe one amongst many of an ignorant practitioner's alterative experiments.

Let us now consider the main objections which are raised in medical and other circles against homœopathy. There are only two of importance. Firstly, a rejection of the prime conception of cure by similars, and secondly, ridicule of the power of the infinitesimal dose. As regards the first, seeing that little is really known concerning the reason of the actual constructive or destructive organic processes set up by drugs or disease in the tissues of the human body, it would appear that knowledge of or belief in the results accruing from the administration of drugs must rest almost entirely on observation and experience. We must therefore judge homœopathy by its results, not by a predilection derived from the fact that the law on which it is based is, *primâ facie*, a paradox. Cures

may be effected by any method which for unknown reasons operates beneficially. Homœopathy is a method which for unknown reasons operates beneficially. Therefore homœopathy may effect cures. As a mere statement of fact, therefore, the power of cure by homœopathy is as logically demonstrable as the power of cure by allopathy. But underlying the logical demonstration and the proofs furnished by practice it will be found that the law on which homœopathy is primarily grounded, though it be apparently paradoxical, has a fundamental and incontrovertible sanction in Nature. The whole realm of Nature provides striking testimony to the correction of like by like. It would be possible to multiply instances indefinitely, but one or two will suffice. Marshall Hall's method of softening hard lime water is to add a very little more lime, upon which the whole or nearly so is precipitated. The sun puts out the fire by adding just a little more light and heat. To close this argument, it is sufficient to say that the phenomena of the law *similia similibus curantur* are "before, behind us, and on every hand."

We now come to the vexed question of the infinitesimal dose. The corrective and alterative action of like on like is found illustrated in Nature, but the action and unlimited potency of the infinitely small occupies a place of cardinal importance in the general scheme of Nature. In practically every branch of science and knowledge the search for origins and reasons is led backward from what is most manifest to the infinitely minute; but medical science itself furnishes the strongest evidence of that very thing which most allopathic doctors ridicule. The history of the germination of disease contains all the arguments to satisfy the homœopathic doctor in his method of dosing, and that history has yet to be enlarged. If by the inhalation or contagion of some intangible and invisible germ, or unnamed agent, such serious physical cataclysms as malarial fever are induced, how easy, then, is it to credit the influence on the human organism, for good or evil, of a potent drug which is administered in a measurable and visible, though so-called infinitesimal, quantity. In some diseases of the eye the same harm may be done to that organ by the admission of light through the merest pin-point aperture and for the duration of the thousandth part

of a second, as by the flooding of the entire retina with the full light of day. It is the infinitely small that counts as well as the infinitely great. Having regard to what has been said, it should not be asking too much of a thoughtful man that he should grant, at any rate, that homœopathy is not mere charlatanry, but a theory of cure based on phenomena manifested widely throughout the physical world. To get the critic thus far is really all that is needed, for at this stage he will be ready to test the value of it in actual practice, and the result of his enquiries or experiments in that direction may be awaited with absolute confidence.

If a direct appeal were made to the writer of this article (a layman pure and simple) as to the grounds on which his confidence in homœopathic treatment were based, the answer would be as follows: That "like cures like" is a law of Nature and can be interpreted in medicine just as it is found interpreted in other branches of science. That it is more rational to devote the attention to the maintenance of vitality and function in those organs and tissues which are not directly affected by disease and to support Nature in her local manifestations, than to impose a further shock on the organism by suddenly and violently opposing Nature and reversing her processes by the administration of powerful antidotes. The allopath may grant that there is some logical force in this, but he may try to corner you by some such further question as this: If then, a patient is *in extremis* and is at the point of death, and there is much evidence to show that the administration of a certain antidote will save his life, would you, as a homœopath, refuse your consent to such an administration? The answer to that is simply, No. Where the dissolution of life is imminent, the homœopath takes no cognizance of any of the imperfect laws or systems which man, in his limited powers, has established. The homœopath and the allopath stand then on common ground, and that specific which will save life must be administered. But it is administered by the homœopath as an urgent necessity of the moment and without regard to the case in perspective from the commencement of the disease or to its possible progress or manifestations in the future. Homœopathy cannot be compressed or expressed within the compass of a single medical operation performed

at a moment of vital urgency, it must have continuity of observation and treatment and be cumulative and compound in its effects. No theory of cure can be comprised in a single prescription. In medicine as well as in most other things, it is the first step which counts. The great problem, how to cure, commences with the first manifestations of disease, and the paramount importance of medicine lies in the first methods or principles upon which that first manifestation is treated. It is in this first method and principle that homœopathy differs fundamentally from all other existing medical schools, and it has been the aim of this article to show that homœopathy is not a fortuitous and far-fetched conception, but has claims upon the earnest consideration of the public on the grounds of reason and logic. But far beyond that there are unimpeachable records which prove that homœopathy has more than justified itself in actual results wherever it has been intelligently and confidently practised.

In conclusion, let the sceptic ask himself whether a system of medicine based on the principle of the administration of a drug known to produce symptoms similar to that of the disease itself could have been submitted to the consideration and judgment of the world, and have become in any sort established in the schools of medicine of a highly civilized race, if it had no substantial warrant in the history of disease, but were simply a fantastic excogitation of medical charlatanry. The answer will be, that it is in the highest degree improbable that a proposition so apparently paradoxical could be made by one man, far less by great numbers of people of trained intellect and scientific habits of mind, unless it were based originally on uncontroverted and incontrovertible fact.

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EXPERIMENTAL THERAPEUTICS.<sup>1</sup>

By P. JOUSSET, M.D.

(Specially translated for the HOMŒOPATHIC REVIEW by Dr. Galley Blackley.)

*Whence come we, and whither are we going?* These questions are addressed to the group of therapists who are usually spoken of under the name of "homœopaths." They do not concern the therapists of the dominant school at all, for they neither go nor come, but slumber in the shade of galenism, and if they seem alive, it is only a make-believe; there is a little agitation of the surface leading to the constant discovery of new palliatives, but they remain absolute strangers to all the higher questions of therapeutics.

To the question "*whence come we?*" I answer unhesitatingly, we come from Hahnemann! It is to him that we owe experimental *materia medica*, and through it the application of the law of similars formulated by Hippocrates. These two principles, with the minute dose superadded, constitute the grandest reform ever known in therapeutics. Whether we wish it or not, the teaching of Hahnemann through these three great principles has given birth to a therapeutics which has nothing in common with traditional galenism, for it reaches back in the past to the teaching of Hippocrates, and has expanded in the present into the school of Pasteur.

We come, therefore, from Hahnemann! This origin constitutes our strength, but nevertheless we have not remained Hahnemannians, for the reason that after having justified itself as a system of experimental therapeutics, the teaching of Hahnemann degenerated into hypothesis.

Hypothesis No. 1—the doctrine of psora, which explains the incurability of certain diseases by means of the *psoric vice*, and which, *pro pudor*, decides, like Galen, that before treating psoric maladies by the law of similars we must destroy the psoric vice.

Hypothesis No. 2—that of drug dynamization, which teaches that every succussion given to a medicinal solution increases its therapeutic energy so that it becomes dangerous to give to each dilution too great a number of shakes.<sup>2</sup>

<sup>1</sup> *L'Art Medical*, December 1906, p 401.

<sup>2</sup> *Organon*, p. 268.



We may pass over the physiological and pathological hypotheses common to Hahnemann and the majority of his contemporaries, but not so the hypothesis of psora and that of drug dynamization, for they constitute fundamental errors, from which have sprung divers methods of therapeutics, whose chief characteristic is that they are exactly the opposite of what experimental therapeutics should be.

We are therefore no longer of the school of Hahnemann as it was constituted by his later teaching.

*Whither are we going?* Jealously guarding the early teachings of Hahnemann in *materia medica*, the law of similars, and that of the small dose, faithful to the teaching which he gives us in the *Organon*, we pass on to experimental therapeutics. Like Hippocrates, we believe that the organism cures itself, and that "therapeutics" does nothing but help Nature. When the cause of the evil is known this help is all-powerful; it is the *contraria contrariis* of surgical affections and of palliative medicine. But when the cause is unknown it is *similia similibus* alone which is lawful and applicable, thanks to experimental *materia medica*. We rejoice to find now in the Pasteurian school the confirmation of the law of similars.

It is a great satisfaction to us to think that the majority of homœopaths understand, as we do, the progress of our doctrines, and their expansion in the shape of experimental therapeutics; but, and we say it with regret, all have not followed the same road; some, exaggerating the errors of the master, have given birth to strange methods of therapeutics, methods which constitute a veritable obstacle to the progress of that which we believe to be the truth. And therefore, after having said whence we come and whither we are going, we may perhaps be permitted to say *whither we will not go*.

All the work of the last quarter of a century, both by its spirit and its teaching, impels one to say that there ought to be an end, once and for all, both of fantastic *materia medica*, of infinitesimals without limit, and of practice without sufficient nosographical knowledge, and we decline, like the dog returning to its vomit, to revert to these errors of the past.

In order that there may be no misunderstanding, let us state what we mean by fantastic *materia medica*, exaggerated infinitesimals, and clinical practice destitute of the knowledge of diseases.

We should say that that physician uses a fantastic *materia medica* who takes *one* symptom amongst the 1,800 or 2,000 symptoms given in the pathogeneses in Hahnemann's *Chronic Diseases*, and without criticism, or clinical verification, chooses this symptom as fulfilling the therapeutic indications. If we remember that Hahnemann's pathogeneses are built up from reports furnished by provers, many of whom were not even medical men, and that certain drugs such as *carbo*, *lycopodium*, *silica*, and others, were only experimented with in the third dilution and under, and that we cannot complete the pathogeneses of these drugs from toxicological records; if we remember, also, that a large number of the symptoms are subjective, and that some are contradictory, we can understand the slight value that these symptoms possess in the way of determining the therapeutic indication of a drug. A physician, for instance, who would prescribe *carbo vegetabilis* against the hæmorrhoidal flux, because that symptom is met with in paragraph 605 of Hahnemann's pathogenesis, or against "urine with a putrid odour," or against "a tendency to suicide," or against "distressing nightmares," all these symptoms being met with in Hahnemann's account of *carbo ligni*, would be using a fantastic *materia medica*. Does this mean that I consider the pathogeneses of Hahnemann false and useless? By no means; for I could, by comparison of the text, demonstrate the entire good faith of the author of these pathogeneses. What I wish to say is, however, that collected as these pathogeneses were, and then set out according to the anatomical schema to the neglect of the order of evolution of the symptoms, they become mere lists of details. The best proof that I can give of this is that the 1,200 symptoms of *carbo vegetabilis* furnish a very small number of positive therapeutic indications; when we have named the collapse and asphyxia of cholera, of fever and of broncho-pneumonia, flatulent dyspepsia and its manifold varieties, some cardiac and intestinal troubles, what is there left (of use) in the 1,200 symptoms of *carbo vegetabilis*? No doubt you will meet with survivors of Hahnemannism, who, despising diagnosis, would prescribe *carbo vegetabilis* for a patient because he has heat in the mouth, especially of the upper lip (symptom 316), or because he has a sensation in the mouth as on the morning

after a debauch (symptom 315), or because he has a sensation of coldness in the throat (symptom 349), or some other bizarre symptom. This is what I call making use of a fantastic *materia medica*.

*Infinitesimality* without limit is the second error into which we do not wish to relapse. When Hahnemann's troublesome hypothesis upon drug dynamization had penetrated the Hahnemannian world, it evoked a tendency to multiply and to overstep the dilutions hitherto fixed by Hahnemann. Two processes were employed: one, that of multiplying the number of succussions given to the drug, the other a sort of washing out of the bottle used in the operation. We know the value of the first method, and that when Jenichen had given 2,000 shakes to a bottle of the fourth dilution, he had produced nothing more than the fourth. As for the different methods where *lavage* is employed, and which consist in passing into a graduated vessel a quantity of liquid of which each repetition constitutes a dilution, they are illusory and ridiculous!

I have taken the trouble to demonstrate, by means of experiments performed during the last twelve months in the laboratory of the St. Jacques' Hospital, that the thirtieth dilution of *salts of silver* and *mercury*, made according to Hahnemann's method (*i.e.*, with thirty separate bottles) has still an incontestable action upon the development of *Aspergillus niger*. I can therefore affirm that the thirtieth Hahnemannian dilution has an action upon the living cell, but I am still waiting to hear that similar experiments have demonstrated the action of the 20,000th dilution.

Lastly, let us remember that there can be no positive therapeutics without a sure diagnosis, and that clinical observations which show that their author is ignorant of pathology are calculated to throw discredit on our school, rather than to augment its influence. What shall we say of the foreign medical man who, when visiting the St. Jacques' Hospital recently, was shown a patient suffering from a very complicated chronic ailment, and who, without asking a question of the patient, confined himself to exercising pressure below the sixth rib on the right side; this pressure having caused sharp pain, the doctor decided that *causticum* was the drug

called for. Those around having shown themselves somewhat astonished, the physician in question handed us a little book with a plate whereon were depicted the numerous points in the human body which are painful on pressure, each painful spot corresponding to a drug. We could cite a certain number of similar facts, but this one will suffice to show to what a pitch of extravagance things may reach. This kind of therapeutics, whose indications, instead of resting upon a comparison of the *ensemble* of phenomena produced by a drug in a healthy human being and the *ensemble* of symptoms constituting the disease, rest upon the agreement of a single symptom, does not even merit the name of science; it is a method of therapeutics supported on one side by ignorance of the *materia medica*, and on the other by contempt of pathology.

In conclusion, taught (as we have been) by Hippocrates and Hahnemann, we believe we are entitled to be the standard bearers of experimental therapeutics. I do not say this is merely our pretension—I go further, and assert that it is our absolute determination. We appeal to all those physicians who, with Hippocrates, recognize the *vis medicatrix naturæ*, the law of contraries and the law of similars, each in its legitimate sphere, who acknowledge in Hahnemann the founder of experimental *materia medica*, which in its turn has rendered possible the application of the law of similars to physicians, *enfin*, who feel quite at home in the midst of the grand discoveries of Pasteur. As for those who are still occupied in rummaging amongst the absurd hypotheses of Hahnemannism it is useless to speak of them any further. "Let the dead past bury its dead!"

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### OPSONINS AND HOMŒOPATHY.

By DAVID RIDPATH, M.D.

THE newest phase of the dominant school therapeutics, namely, that of opsonins, is worthy of some attention by the practitioners of Hahnemann's law of "*Similia similibus curantur*."

The opsonic method of treatment is the direct product of the study of bacteriology, and has something to say for itself as far as theory is concerned. Of all the fashions which have

been in vogue in the history of allopathy, this one alone has for its aim the abortion and destruction of disease. Its exponents have claimed that its *rationale* is the same as that of homœopathy. Wright and von Behring have said so.

The new treatment has a semblance of Hahnemann's law about it, though it is not his law at all. Still, it is interesting for us who practise his law, to observe the action of these vaccines.

It is a well-known fact that when a vaccine is injected there is a fall in the opsonic index ; that, indeed, there is an aggravation. Later, the index rises above the point reached before administration of the vaccine, and then the diseased condition becomes ameliorated.

The instructions of the opsonist are that the second dose must not be given until the index begins to fall again, and that is also very important for us to note. The opsonist must be guided entirely by the condition of the index for the repetition of the dose.

The interesting feature in this new development of the bacteriological school is that *we* observe the very same conditions upon the administration of the simillimum. How often has the homœopathic practitioner observed an aggravation after the first dose of the remedy, afterwards followed by the amelioration ?

Then again, the instruction to the opsonist is to wait until the index is coming down before giving another dose. This instruction is made in the year 1908. Read what Hahnemann says in the fourth edition of his *Organon*, published in the year 1829, paragraph 245a: "Every perceptibly progressive and strikingly increasing amelioration in a transient (acute) or persistent (chronic) disease, is a condition which, as long as it lasts, completely precludes every repetition of the administration of any medicine whatsoever, because all the good the medicine taken continues to effect is hastening towards its completion. Every new dose of any medicine whatsoever, even of the one last administered, that has shown itself to be salutary, would in this case disturb the work of amelioration."

These are most extraordinary parallels : they are parallels only. The homœopath finds his remedy by taking the totality of the patient's symptoms. The opsonist takes no heed of

the patient's symptoms, but gives a vaccine for the particular germ, which for the time being is in possession of the patient. *He* repeats the dose if the index says so. *We* repeat the dose if the symptoms indicate it. The homœopath finds the symptoms a reliable guide for the selection of the remedy and its repetition.

At the present time the whole process of finding the index is a complicated laboratory procedure, which cannot be adopted in general practice. From our point of view the whole of the opsonist's bacteriological detail is unnecessary when the symptoms are at hand to guide to the selection of the remedy.

The great difference that exists between opsonic and homœopathic treatment is this, that the one uses the *same* material which is alleged to have caused the disease, while the other uses medicaments which have produced in the healthy human being a *drug disease with similar symptoms*. In the treatment of a disease by the same thing which causes that disease the results will not be so good, for this reason, that it is only the disease which is affected, not the diseased person. If the symptoms of a diseased person be taken it will be found that besides the symptoms of the disease, there are other symptoms which belong to the personality. Experience in the treatment of disease teaches that in order to cure that person it is necessary to take into account not only the disease symptoms, but also those symptoms which characterize the particular individual. This the vaccine treatment can never do. For this reason it is, in my opinion, doomed to failure.

Again, the opsonic treatment will fail in the vast army of chronic diseases, because it is here signally that there has been very little done bacteriologically. The opsonic method depends for its existence upon the presence of bacteria. The whole subject deserves our close attention, because of the possibility of the law of similia being rediscovered in the laboratory.

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## Clinical Cases.

### TWO CASES PRESENTING A SIMILARITY AND A CONTRAST.

By Dr. EDWARD MAHONY.

IN the *Lancet* of March 7 "a case of egg poisoning" is reported by Dr. Alfred T. Schofield, M.D.Brux., M.R.C.S.Eng., M.R.C.P. London, as follows :—

"This case is of interest because, although egg poisoning is not extremely rare, I have been unable to find any record of cure. Jonathan Hutchinson in his 'Pedigree of Disease' (1884), p. 35, speaks of eating eggs producing violent vomiting, a sense of sinking, and abdominal distress quite inexplicable, and temporary defect of sight. An artist could not see to paint after eating an egg, there being temporary suspension of the power of accommodation in both eyes, with heat of the stomach and abdominal discomfort one or two hours after breakfast. A little egg in a pudding or sauce would be sufficient to cause these symptoms, which were quite cured by abstinence from eggs. Other cases are recorded, but I can find no real attempt at cure. It is possible the following account may call forth several others.

"In June, 1906, I saw a boy aged 13, whose parents complained that he could not eat egg in any form. He could not eat meringues, nor any cake with white of egg. He had had an attack after eating bacon cooked with eggs, and the smallest piece of bread or bun with white of egg upset him. In the attack there was first of all free secretion of saliva, the lips burned, the patient felt sick, itched, and an urticarial rash shortly broke out; he swelled all over, with puffy eyelids and lips, tight, red, swollen skin, and could hardly breathe from a sort of asthmatic attack. He was found gasping in an attack after eating a small apple fritter. Never in his life had he eaten an egg. As a baby he spat out any food that contained the least trace of egg. As a child he could eat any cake free from egg, but not the smallest piece of sponge cake. He swelled up almost immediately after eating a small bun free from egg, but which had been brushed over with the white of egg. Raw egg blistered his skin. He has also had

attacks after eating soup cleared with white of egg, and with the smallest bit in apple sauce when not in the least suspected; so that "suggestion" played no part. He may have had some 150 attacks. He is a healthy boy generally, but has had enlarged glands, cured without operation, is of lymphatic temperament, and has some gouty eczema; the lungs and organs generally are sound and healthy.

"In December, 1906, treatment was begun on the lines of establishing tolerance to this especial poison.

"Six weeks before, being at school, he had eaten at lunch about six mouthfuls of a ginger pudding which was found to have egg in it. He felt a pricking in the tongue and throat, which got better; and then in half an hour an urticarial rash came out and lasted two or three hours. There were swelling, shortness of breath and wheezing, and swollen eyes and joints. The theory of the poisoning was that the egg albumen acted in some way on the serum albumin so as to cause transudation.

"The treatment consisted in the constant administration of egg with a little *calcium lactate* added to stop the transudation. Pills were made containing  $\frac{1}{10,000}$  part of a raw egg and two grains of *calcium lactate* each. The boy continued his usual school and home life all the time, but was closely guarded against any egg in the food. He never knew there was egg in the pills. The first month (December) he took  $\frac{1}{10,000}$  of an egg daily. The next (January) this was gradually increased every four days till  $\frac{1}{1,000}$  of raw egg was taken daily with no symptoms. (Far less than this had previously caused symptoms.) In the month of February pills with cooked and raw egg were taken alternately, and the quantity in each pill was increased to  $\frac{1}{800}$  of an egg daily, the *calcium lactate* being continued. In March the amount was steadily increased till  $\frac{1}{160}$  was taken daily with no symptoms. In April it was raised to  $\frac{1}{160}$  of an egg, and in May  $\frac{1}{80}$  of an egg was reached, still without symptoms, it being now quite clear that real tolerance was being established. In June it was raised to  $\frac{1}{80}$ . The patient by this time had consumed a whole egg in the six months for the first time in his life.

"In July the pills were dropped, and the boy was given as a test some pudding and cake in which he thought there was



egg, but which had none, and no symptoms ensued. He then had egg in his food constantly, till by the end of July he was taking  $\frac{1}{8}$  of an egg daily.

"In July alone he ate nearly four eggs in his food. All this time he was quite well, and the amount was rapidly increased till he ate an egg a day, and since has had egg in some form in food every day, and can now eat anything.

"Some may think a great deal of trouble was taken to cure this idiosyncrasy, but when we remember that it was not connected with some rare food such as pineapple, which could easily be avoided, but with an article that enters into nearly all that a schoolboy eats, and that his life had been more than once in danger from such food, it will be seen that the trouble taken was amply justified. The difference to the boy is, of course, enormous, and there was no sign whatever that 'he would grow out of it.' It would seem that with sufficient care and patience tolerance may be established in the case of most poisonous foods, and, of course, there is abundant general evidence as to this. I have ventured to record the present case because, as far as I know, it is unique, though, as I have said, I daresay this may call forth letters to prove that it is not."

*Harley Street, W.*

Reading this interesting and carefully recorded account, it brought to my memory Case 2: a little boy, J. G. W., between 4 and 5 years of age, who was so susceptible to the action of beef that partaking of it in the ordinary way threw him into a state of uncontrollable excitement lasting for a varying period.

I wrote to the late Dr. Skinner about him, and received in reply two characteristic notes from which I extract the following:—

"October 22, 1902 . . . . The medicine is *carnine cm.* made by Swan. Directions: Give J. G. W. one of these powders at bed-time, dry, on his tongue. Reserve the other. After a few days, at most a week, let his mother give him a small piece of rump steak, cooked as she knows and has given him, and in the event of the nervous excitement supervening give him the other powder at once—also dry, on his tongue; let her take notes of dates and effects, and let me know them."

"November 17, 1902.—J. G. W.'s case of cure by means of *carnine cm.* (Swan)) is so far very satisfactory. You will observe that *carnine* is *uncooked beef* in a high dilution."

In comparing these two cases we may notice first, as to similarity, Dr. Schofield clearly used a very minute quantity of the original poison to perform a cure. This must be something very like, though not identical, as it was prepared in some way with the *calcium lactate*. Hahnemann says, p. 190, vol. i., of *Chronic Diseases*, there is no intermediate degree between *idem* and *simillimum*: in other words, the thinking man sees that *simillimum* is the medium between *simile* and *idem* (he is speaking of psorinum as a *simillimum* of the itch virus). The root principle, therefore, of the two cases, though expressed in such very different language and with evidently such very different thoughts in the minds of the two writers, is the same. Here, however, I believe the similarity ends, and in the *application* of the principle, or law, divergence is to be noted at every point. Dr. Schofield gives a minute quantity, but no intimation of anything in the form of trituration such as Hahnemann introduced to the profession. Next he (Dr. Schofield) mixes it in some way with *calcium lactate*; this is interesting, as he informs us that the boy was of a lymphatic temperament and subject to enlargements of the glands, and all homœopaths know that *calc. carb.* has both these conditions markedly, though what modification the *lactate* salt may have caused we cannot of course say. Next Dr. Schofield informs us that the treatment was continuous, and repeated doses were taken for many months; here again is considerable divergence. Last, but not least, we are told the *theory* on which the treatment was carried out, proving at any rate that no fixed law was in his mind—nothing to guide him in the next similar case. The symptoms caused by the egg poison, of dyspnœa, skin eruption, &c., were apparently nowhere in his mind, and any idea of latent chronic miasm was, it would seem, far from his thoughts. He seems as a man groping in the dark, who hopes, or at least thinks, others may come forward and complement or contradict him as the case may be, and he writes as a man seeking to guard himself from an attack which may, so to speak, spring upon him an unexpected light as to what it all means. How different

from the calm tones to be found in all Hahnemann's writings, evidently from the consciousness of the possession of immutable truth, concerning which therefore he could challenge, as he has done, the entire world! But to return to Dr. Schofield, if the egg albumen acted in some way (physiologically or chemically or how—all is vague) on the serum albumin so as to cause transudation, and the *calcium lactate* was to stop this, then it follows that in every case of idiosyncratic poisoning, not only must the substance itself be administered, *secundum artem*, but the transudation or exudation, or uric acid, or whatever may be the specific mode of injury caused by anything else, such as meat, milk, &c., &c., must also be found to be mixed into pills or otherwise, with the direct antidote. This is surely a large order, and very much labour lies before the dominant school. Now let us observe the second case. Here one, or at the very most two doses, for I have not my letter, to which Dr. Skinner's second letter is an answer, at hand, therefore am not sure whether the second dose was required; but in any case two doses to cure within a month is a very different story from repeated doses for six months. We have, therefore, once more an object lesson on the advantage both to patient and doctor of consistent homœopathy—*simillimum, minimum, sæpe non repetendum*.

Since writing the above I have come across the detailed account of this patient by Dr. Skinner in the forty-second volume of the *Medical Advance* (American), p. 203 *et seq.*, well worth perusal, and proving what a power must reside in a high potency of carnine, in cases to which it is suitable, to affect curatively so peculiar and high-strung a nervous organization.

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By E. M. BERRIDGE, M.D.

(Continued from p. 102.)

CASE 18.—*Arnica, &c.*—June 11, 1886, Mrs. C., aged 66, consulted me for ecchymosis of left upper eyelid and around left inner canthus. It came on suddenly two days previously after rubbing the parts with a towel when washing. She had used a lotion made with the strong tincture of *arnica*, but it

has become worse. Patient was always fairly healthy till 1882, when she suffered from rheumatic pains in right knee, arising from a strain; these I cured with *rhys tox*. She is very stout, and has a weak heart; has had no children, but four or five miscarriages, the last being at the sixth or seventh month. Menses commenced between 12 and 13, always regular, but with excruciating pain. Menopause occurred at 45. The family history shows a hæmorrhagic diathesis. Her mother died at 80, having had many acute illnesses, and between 60 and 70 had uterine hæmorrhage every month, like menses, lasting a year, and eventually cured by homœopathy. An older sister also suffers from uterine hæmorrhage and leucorrhœa. About the age of 15 or 16, patient had a cauliflower wart, the size of a pea, on terminal joint of right forefinger; she tried many external applications, including caustic, and at last succeeded in getting rid of it. All her life her flesh has bruised easily.

*Diagnosis of Remedy.*—There were no subjective symptoms to decide the choice; many remedies have ecchymosis and aggravation from bruising, but ecchymosis of the integuments of the eye has not been recorded. There was, therefore, no alternative but to select the remedy which provings, combined with clinical experience, have shown to have the most marked relation to this pathological condition. I dissolved a few globules of *arnica* mm. (Finckè) in water, and ordered a spoonful of the solution morning and evening till better, also to bathe the injured parts with hot water.

June 19.—Her husband reports that the eye improved in twenty-six hours, and that the discoloration had now nearly disappeared.

October 31.—Patient wrote to me for advice. A week previously she had a severe fall down two-thirds of a spiral staircase; she was severely shaken, and her back and sides much bruised and very painful. She used Elliman's embrocation, which relieved the pain in back and right side and the bruised appearance, but the pain at heart increased. She has now pain in muscles on left side of spine and around heart; every few minutes she draws a long breath, which causes a very acute sharp pain at apex of heart, and it is increasing in severity.

*Diagnosis of Remedy.*—The only remedy which has pain at apex of heart on deep inspiration is *fagopyrum* (lancination from apex of heart to left hypochondrium, removed by deep inspiration, *aurum mur.*). But on referring to *fagopyrum*, 469,521, I found that though it has the two symptoms of the patient separately, there was not a sufficiently close resemblance; because in the patient it was the involuntary, and in the prover the voluntary, inspiration which caused the cardiac pain. This combination of symptoms not being found in the *Materia Medica*, I again selected the same remedy and for the same reason, with the addition that it is pre-eminently a remedy for removing the shock to the nervous system which a severe blow or fall produces. *Arnica*, moreover, has two analogous symptoms, 574 and 575. I sent her on November 1 *arnica* mm. (Fincké); a few globules to be dissolved in water, and a spoonful of the solution taken thrice daily for six days, unless there was a decided improvement before that time.

November 9.—Reports that improvement commenced in twenty-four hours. Now the bruised pain is almost gone, and there is only a little pain at heart, though riding in a carriage has increased it again. She has less frequently occasion to take a deep breath, and when she does so it does not cause such acute pain as before. *No medicine.*

December 24.—Writes to say she has been quite free from pain for some time. The symptoms did not return.

*Comments.*—(1) The first point to be noticed is that the internal administration of a very high potency of *arnica* cured, after the external application of the undiluted tincture had only aggravated. This verifies Hahnemann's statement (*Organon*, 287 note) that the higher the potency the more rapid and penetrating is the action. He of course presumes (*Organon*, 287) that the remedy is the *simillimum*. If it be unhomœopathic, or even only partially homœopathic, this rule does not apply; but the more homœopathic the remedy, the higher should be the potency and the smaller the dose (*Organon*, 276 and note) to obtain the greatest curative results. It is frequently asserted that though Hahnemann gave us the law for the selection of the remedy, he gave none for that of the potency or the dose. It is incredible that he should

have given to the world a new system of therapeutics so radically defective, without plainly declaring this was a problem as yet unsolved. But these paragraphs of the *Organon* completely refute this supposition.

(2) The question of the external application of the remedy is also illustrated. Though Hahnemann approved of the rubbing in of a solution of the dynamized remedy to a healthy external part (*Chronic Diseases*, part 3, preface); yet he emphatically protests against any such application to a diseased part, either of the crude drug (*Organon*, 196-205), or of the dynamized medicine (*Chronic Diseases*, part 3, preface). The reason for his prohibition is that if the remedy be applied externally to the diseased tissue it acts locally and from without inwards, instead of constitutionally and from within outwards, and hence may cause serious metastasis to some internal and perhaps vital organ. But local injuries belong to a different category, and the question arises whether they should be treated by internal or external remedies. There is no possibility here of metastasis, so that the problem is reduced to its simplest proportions, viz., are burns, cuts, bruises, and sprains best treated by the local application of the *simillimum*, or by its internal administration. Experience alone can decide this, and the balance of evidence is very strongly in favour of the latter method. Carroll Durham says (*Homœopathy the Science of Therapeutics*, p. 188): "It must not be hastily assumed, as Dr. Drysdale seems inclined to intimate, that *urtica urens* locally applied is always the best (or a good) remedy for burns. They are often (at least) best treated, as Boëninghausen has shown, by an internal remedy." He then quotes a case of pneumonia, which was subsequently complicated by a burn. He says: "The burn was severe, and the effect of the shock so modified the symptoms of the pneumonia that the resulting aggregate of symptoms called unmistakably for *arsenicum*, which was given with most gratifying results as regards both pneumonia and burn." He then adds these weighty words: "*There is too great haste among us to recur to topical applications.*" Dr. S. Swan wrote me that he had frequently relieved in a few minutes the pain of a severe burn by a dose of a high potency of *cantharis* taken internally. In 1875 I sprained my ankle

severely when running. The pain was so great that I had to stand still for a few minutes. On resuming my walk, after a few minutes the pain subsided ; later, on beginning to walk after sitting quietly, the pain was severe, though again relieved by continued walking. This happened in the evening. I used no external application, but took one dose of *rhus tox.* 2m. (Jenichen). When I rose next morning, the entire dorsum of the foot was considerably swollen and ecchymosed, showing the extent of the lesion ; but there was absolutely no return of pain, nor any weakness of the joint. The swelling and ecchymosis gradually disappeared. In 1871 I prescribed one dose of *arnica* 1 m. (Jenichen) internally for a bruised knee, with most satisfactory results. *Per contra*, in 1865 I saw a man who had an enormous ecchymosis on the lumbar and gluteal regions, arising from an injury. In this case an aqueous solution of the concentrated tincture of *arnica* was applied persistently for many days, but without the slightest apparent result. Dr. E. A. Farrington reports (*The Organon*, iii., 91) a case of tetanus from running a pin into foot, with intense pain at seat of injury, which *hypericum* 5m. cured. Dr. C. Hering cured in a few minutes a case of colic after lithotomy (said to be a fatal symptom) with *staphisagria*, which he also states is indicated for the effects of "cuts by the knife" in surgical operations (*Analytical Therapeutics*, pp. 78, 81). Dr. Helmuth reports (*The Organon*, i., 324) cases of neuralgia of the stump of an amputated limb cured by *allium cepa*, though in this case the tincture and crude drug were employed. I have also added to my repertory, from some published clinical case : "Pain in stump of amputated finger, worse on breathing," *Phos-ac.* Whether the internal administration of a high potency of *calendula* will prevent the supuration of an incised wound, as the external application of the tincture is said to do, I cannot yet say.

(3) The necessity of grading by different types the medicines which belong to a symptom is here evidenced. Without such grading it would have been difficult to select the *simillimum*, through the paucity of the symptoms ; but to do this satisfactorily we must utilize clinical as well as pathogenetic experience, according to the practice of Hahnemann. On the other hand, *arnica*, though the chief remedy

for bruises and falls, is not the only one ; the choice must always be decided by the totality of the symptoms when they can be clearly ascertained. The nature of the injured tissue is also an important factor in the homœopathic equation. Thus, according to Lippe's *Text-book of Materia Medica*, p. 589. *ruta* is especially indicated in "bruises and other mechanical injuries of the bones and periosteum" ; and he also states that *symphytum*, and not *arnica*, is the remedy (*cæteris paribus*) for blows on the eye.

(4) The curative action of *arnica* would perhaps have been more demonstrable had I not, when first prescribing it, also applied hot water, which, though it did not interfere with its action, being non-medicinal, yet might have aided in the removal of the ecchymosis. This objection does not apply to the second prescription. I recommended the hot water to increase the capillary circulation, and so remove more quickly the disfigurement ; but I am not sure that the dynamized remedy alone would not have been as efficacious ; I have found it so in many cases.

### A CASE OF FACIAL PARALYSIS.<sup>1</sup>

(REPORTED BY DR. J. HERVEY BODMAN.)

T. M., age 31, glass engraver, first consulted me on February 17, 1908, and gave the following history of his illness :—About a fortnight ago he was taken with a severe cold in the head ; there was much stuffiness and sense of swelling at the root of the nose, and in a day or two a thick, yellowish (presumably purulent) discharge from the left nostril. About the third or fourth day of the cold he began to have severe pain deep in the left side of the head, and also in the left parietal region, where it felt like a thick piece of wire being pushed deep into the head ; with this there was also a similar pain behind the left ear (points to the base of the mastoid process), and also in the nape of the neck on the left side. These pains came and went, and were often "jumping" in character ; they continued severely for about a week (*i.e.*, until

<sup>1</sup> Shown as a clinical case at the meeting of the Western Counties' Therapeutical Society at Clifton, on February 26, 1908.



about three days ago), but are now present in a much slighter degree.

Eight days ago he noticed that the left side of his face was motionless, and that the left angle of the mouth drooped; this has continued, and there is now complete facial paralysis. The left eye cannot be completely closed; when eating, food collects between the gums and the cheek on the left side; the movements involved in frowning, whistling, &c., cannot be performed on the left side. The sense of taste was tested with salt and sugar, and was found normal on the right half of the tongue, but almost entirely lost on the left half. There was no impairment of hearing on the left side.

The only treatment ordered was to take *silica* 30 three times a day.

February 26.—There is great improvement in the facial paralysis; in fact there is now only a slight deficiency in the mobility of the left side of the face as compared with the right. The nasal stuffiness and discharge and the pain in the head are practically gone. Repeat.

April 14.—Reports to-day, by request, as follows:—The facial paralysis was quite well within three or four days of the last visit. No pain. Sense of taste normal.

#### REMARKS.

*Etiology.*—The question of the causation of the paralysis in this case is one of considerable interest. There was no history of chill or traumatism, and there was no evidence of otitis media. On the other hand, the symptoms which preceded the development of the paralysis (*viz.*, purulent discharge from the left nostril, and pain deep in the left side of the head and in mastoid region) point strongly to suppuration of one or more of the deeper nasal accessory sinuses, probably the sphenoidal or posterior ethmoidal. The following quotation from Dr. Watson Williams's recent Long Fox lecture on "Suppurative Disease in the Nose and Ear"<sup>1</sup> may be of interest in this connection: "In sphenoidal sinus empyema the pain is often deep and very severe, and yet its situation difficult to describe. . . . But there is one

<sup>1</sup> *Bristol Medico-Chirurgical Journal*, March, 1908.

symptom which is very misleading—pain in the ear. It is not often present, even in sphenoidal sinus disease; but if it is the only pain the patient experiences, the seat of the trouble is liable to be completely overlooked." Two cases are then referred to where this symptom led to the mastoid being opened to no purpose, and another where this operation was at one time contemplated.

Later in the same lecture cases are referred to in which sphenoidal sinus suppuration has caused optic neuritis and paralysis of the ocular muscles, through extension of the infection and inflammation to the various nerves in and around the cavernous sinus, which lies in close relation to the sphenoidal sinus. One case is also referred to in which there was paralysis of both sixth nerves, but no other changes, and no pain in the eye.

But I have never yet come across any reference to the association of paralysis of the facial nerve with sphenoidal or posterior ethmoidal suppuration; and the possibility of this association in the present case seems to make it worth recording.

*Pathology.*—The associated loss of taste on the left side of the tongue clearly proves that the lesion of the facial nerve involved that part of the nerve which runs through the aqueduct of Fallopius in the temporal bone, as it is only in this part of its course that it contains the taste fibres which reach it by way of the chorda tympani nerve. How this portion of the nerve could be affected by inflammation in and around the sphenoidal sinus is not quite clear, but it might be brought about by dissemination of toxins through lymphatic channels.

*Treatment.*—The prescription of *silica* 30 was largely the result of the view that possibly the causative factor was sinus suppuration, as it has so frequently served me remarkably well in such cases. The result was a complete recovery in a much shorter time than was anticipated.

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## Hospital and Provincial News.

\* \* The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this section, we would point out that this section is reserved for:—

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

### LEEDS HOMŒOPATHIC DISPENSARY.

#### OPENING OF NEW PREMISES.

MRS. LOWTHER, of Swillington House, recently formally opened the new premises at 4, Woodhouse Square, which have been acquired for the purposes of the Leeds Homœopathic Dispensary.

The Chairman said that they had met under very auspicious circumstances so far as homœopathy in Leeds was concerned. For thirteen or fourteen years they had been located in premises that were inconvenient and altogether unsuitable. Their new premises, however, were bright and cheerful, and the Committee felt encouraged at the general outlook. Altogether they had received about £160 towards the cost of removal, and that had enabled them to put the premises into the satisfactory condition they were in that day, and through the generosity of Miss Bulmer the board room had been beautifully furnished. The record of work done in Leeds had been very satisfactory. He was sure that they were filling a place in the city, and he could not speak too highly of the work done by the voluntary medical staff.

Mrs. Lowther, in declaring the Dispensary open, remarked that she was a homœopathist, and had been proving all her life the efficacy of that system of treatment.

Dr. Ramsbotham briefly moved a vote of thanks to Mrs. Lowther, and presented that lady with a silver brooch, the design being a representation of the Wand of Æsculapius, as a memento of the occasion.

Mr. F. W. Jones seconded the motion, which was carried.

At the conclusion of the above proceedings the fifteenth Annual Meeting of the institution was held, Mr. Bain occupying the chair.

Mr. Z. Yewdall, the Hon. Secretary, read the Annual Report, which recorded a most successful year's work, the attendance of patients being nearly 5,000. The treatment of eye cases had brought a considerable addition of patients to that special department. The accommodation in the old premises was insufficient and unsatisfactory in many ways, both for patients and medical staff. This, and the continued growth in the number of patients, caused the Committee to make provision for the work of the Institution being carried on under better conditions.

Mr. F. W. Jones, in moving the adoption of the report, stated that in addition to the 5,000 patients who had attended the Dispensary, many visits had been paid by the members of the medical staff to patients who could not attend. The work since the re-formation of the Dispensary had been upward, and he hoped that the new change would give a fillip to it, and that the Committee would receive greater encouragement than they had hitherto done.

The report was adopted. Sir C. B. Lowther was re-elected President, Mr. S. R. Meredith Hon. Treasurer, and Mr. Z. Yewdall Hon. Secretary. The Committee was also re-elected.

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#### PHILLIPS' MEMORIAL HOSPITAL, BROMLEY.

THE Ladies' Guild in connection with the above Hospital completed the second year of its existence last month. Working meetings have been held during the winter, and as a result 18 flannel jackets, 25 nightgowns, and 34 other garments were handed to the Hospital; in addition 57 garments were contributed by the associates of the Guild.

The Guild provided an Ilkley couch for the nurses' sitting-room, also a cupboard and table.

It has undertaken to defray the expenses of a nurse for the Children's Ward, and has contributed £10 towards the expenses of the Staff Nurse during her illness.

The Guild proposes to hold a Bazaar, entitled "My Lady's Home," a sale of all things useful and beautiful, for houses

both great and small, on June 2 and 3, at Oatlands, Sundridge Avenue, Bromley. Each stall will represent a room, at which articles suitable for the room will be on sale. There will be separate competitions in every room, for which prizes will be awarded. The Countess Cawdor has kindly promised to open the Bazaar.

Annual subscriptions amounted to £23 13s.; associates' subscriptions, £8 16s.; donations, 12s. 6d.

H. W.

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### Correspondence.

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#### WANTED: A SCIENTIFIC WORK.

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

SIRS,—I am very glad to see by your April issue that a serious move is being made in the direction of systematizing and regularizing the teaching of homœopathy in this country. I am also glad to note that definite practical conclusions were arrived at in the course of the two meetings held in London and Bristol in reference to this matter. With three out of the four conclusions which you summarize on p. 194 I am in complete sympathy. On the fourth conclusion I should like, with your permission, to make a few remarks.

You say that among the conclusions arrived at was this: "That there exists an urgent call for two thoroughly and scientifically up-to-date presentments of homœopathy, one suitable for attracting and interesting medical men in the professional value of homœopathy, and the other of a more popular type for the educated public generally."

I submit, Sirs, that unless homœopaths make use of the instruments they have at their hands, they are not likely to obtain others that are better. I should like to ask what is the reason why my own propagandist works have been persistently ignored by British homœopathic medical men? The urgent call for "scientifically up-to-date presentments" of homœopathy is, of course, a condemnation of all presentments of homœopathy already in existence.

It is an invidious task to have to bring one's own works to the front, but I should like to point out that there is such a work as "Homœopathy Explained" before the profession and the public. The principal part of this work formed a paper read before a Society largely composed of allopathic medical men connected with the London medical schools. They were present in force on the night when the paper was read, the present editor of the *British Medical Journal* being among them. The discussion was lively and good-natured, but no fault was found with the paper for its lack of scientific quality or up-to-dateness. The work has been reviewed in allopathic medical journals, and though its conclusions were not accepted (as, of course, they could not be without destroying the journals which reviewed the work) no holes were picked in its "science."

Turning to our own side, the MONTHLY HOMŒOPATHIC REVIEW warmly praised the work as being just what was wanted. But it added that there was "not a dull page in it."

I am not sure, Sirs, that this is not fatal praise. I notice that what is wanted is "two books"—one for the laity and one for the clerics. My book is, unfortunately, so readable that in spite of any scientific and up-to-date qualities it may possess, it can be read and understood of the people.

May I formulate the real want of those who continually cry out for these two works, but never produce them? I think they want something light and digestible, but not too informing for the laity; and for the profession, something written in such highly technical language that the laity cannot possibly understand it, and so portentously dull that no self-respecting allopath will read a page of it, much less buy a copy. This will leave things very comfortable—very much, in fact, as they are now. I may be wrong; but if I am, I shall be obliged to those gentlemen who call so loudly for these two books if they would be good enough to describe them a little more minutely, or, better still, produce them. Meantime, it is just possible, Sirs, that one book may fill the bill as well as, if not better than, two.

8, Bolton Street, W.,  
April 3.

Yours truly,  
JOHN H. CLARKE.

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRs,—I read with very deep interest the discussion upon the dearth of homœopathic practitioners reported in the last issue of your Review.

In my judgment, there are many difficulties in the way which tend to prevent a newly-qualified medical man from taking the initial step across the line into the camp of the homœopaths. By the time he has qualified, and completed the residential appointments of his hospital, he has formed a goodly number of very firm and valuable friendships among his *confrères*. Unfortunately, however, being at heart a moral coward, he has not sufficient courage to run the risk of their jeers and scoffs, and very possibly the actual loss of many of his friends. At any rate, he will need to appreciate that the alternative will prove an equally valuable and real compensation.

Moreover, it is not until he has been in practice for a few years that he begins sufficiently to realize the unsatisfactory state of his knowledge of the treatment of disease. The class of case that one meets with in general practice is totally different from that with which one has already become acquainted in hospital practice; and it is then that one begins to see that most of one's therapeutic art is empirical and unscientific (*vide* the discussion on the treatment of acute pneumonia reported in this month's *Practitioner*!). But, as I say, the average man does not arrive at this conclusion until he has spent several years (and these probably the most trying) in practice; and having got comfortably settled, with a fair prospect of a steady, though perhaps small, income, it will require a small revolution to remove him from the groove which he has made for himself. If, further, he should happen to be in partnership, for obvious reasons he cannot introduce homœopathic treatment even in selected cases.

Five years ago I was "not far from the kingdom," but when the offer of a good partnership came along I had not sufficient strength of character to refuse, and now I fear I am much farther off from that kingdom, though I fain would be in it.

If an outsider, without intending to offend, may be permitted to criticize, I would say that one of your chief wants

is the possession of a good literature. In my opinion, much of your present literature is of too "popular" a character to impress favourably the orthodox man. He wants something more technical, more up-to-date, and more in accordance with the professional exclusiveness of his own. I well remember reading an article in one of your periodicals a few years ago in which the writer practically expressed disbelief in the tubercle bacillus. Such statements, in the light of present-day knowledge, are not only absurd, but are very detrimental to the propagation of your principles. I am well acquainted with Hughes' "Pharmacodynamics"—a very sound and scientific work, a good deal superior to the same author's "Principles and Practice of Homœopathy"—and if you had a few more similar books quite up-to-date I am sure that the status of Hahnemann's teaching would be immeasurably raised.

May I say how much I enjoy your excellent Review, and congratulate you on its interesting and well-written pages? I enclose my card, and remain,

Yours truly,

April 11, 1908.

M. D. (London).

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRs,—Your kindness in publishing my letters must be my excuse for again trespassing on your space to reply to Dr. Mahony's letter in your issue of this month.

Dr. Mahony has succeeded in entirely confusing the points at issue between Dr. Berridge and myself. I have not "objected to Dr. Berridge claiming benefit to pneumonia from the administration of comocladia." What I do object to is that Dr. Berridge has claimed that he has *cured* a case of pneumonia, because one symptom of his patient (severe pains in the left side) was *relieved* by his remedy in forty-five minutes. It is the confusion of *post hoc* with *propter hoc* to which I have objected all along, as I had hoped was plain from my letters.

Again, a "fact" upon which Dr. Berridge insists as "important" is that his patient was "much worse" on the fifth and sixth days of the disease, and because she was much better on the seventh he concludes that this improvement must be due to the medicine which he gave on the sixth.



This conclusion seems to me to be vitiated by the well-known clinical history of croupous pneumonia. Now, when any writer on therapeutics, of whatever school, shows such disregard, to use no stronger word, for the ordinary clinical history of the disease of which he is writing, surely this is calculated to bring contempt on his conclusions as to the efficacy of the method which he is advocating. But Dr. Berridge has himself pointed out in your Journal (February, 1908) that his influence and reputation as a writer on Homœopathic Therapeutics are both powerful and widespread, and therefore I maintain that the publication of this case, by so eminent an authority, as an instance of "cure" by a certain homœopathic treatment, is calculated to bring contempt on the principles and practice of homœopathy.

Neither can I agree with Dr. Mahony that it is of no consequence to the future of homœopathy that by such publications "cause should be given to the adversary to blaspheme."

I must apologize, not only for the length of this letter, but also for the restatement of points which I had hoped were sufficiently clear in my former letters; Dr. Mahony's misapprehension of them must excuse my repetition.

Yours faithfully,

G. SCRIVEN.

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### Obituary.

ALFRED CROSBY POPE, M.D., M.R.C.S.ENG.

IT is with the deepest regret that we have to record in our pages the death of Dr. Pope. The sad event occurred on March 26, giving us only the opportunity in our April number of stating the fact of his decease, and obliging us to leave the full obituary notice till our present issue.

Dr. Pope, who had been for some years in an enfeebled state of health, used to go out for a drive at Margate, where he latterly resided, every fine afternoon, with Mrs. Pope and his daughter, Mrs. Lye. On Thursday, the 26th, he went

out as usual, but soon said to Mrs. Pope that he was not feeling well, and that they had better return home. He had only got into his house when he fell down unconscious, and passed away in five hours from that time, never having recovered consciousness. The nearest medical practitioner was summoned, who pronounced that the unconsciousness was due to cerebral hæmorrhage, and that nothing could be done.

Dr. Pope was born at Leamington on September 11, 1830, so that he was in his 78th year when his life thus suddenly closed. He was the eldest son of the Rev. Alfred Pope, minister of Spencer Road Chapel, Leamington. His primary education was conducted at Mill Hill Grammar School, and subsequently at Mr. G. B. Franklin's, of Leicester. He commenced the study of medicine in the Winter Session of 1847-8, under Dr. John Reid, at the University of St. Andrews, and at the commencement of the year 1848 proceeded to the University of Edinburgh. He went through the usual curriculum there, passed in 1850 the first examination for the M.D. degree, and went up for the final examination in 1851. This examination turned out to be a most critical one for Mr. Pope, and an incident of the utmost importance for homœopaths and homœopathy. It had oozed out that Pope was inclined to homœopathy, or at all events intended to study it after leaving the University. After his examination was over he was tackled by the University authorities on this point, in the most direct manner. His examination had been very satisfactory, although a stalking-horse was made use of in his having been said to be somewhat deficient in surgery and in medical jurisprudence to give a reason for their treatment of him, other than the charge of having a leaning to homœopathy, or, at all events, a desire to study it. Pope was so honest and straightforward as to say to the examiners that he considered it his duty to examine and see if homœopathy had any truth in it, and if it could cure his patients better than the then prevalent treatment. He was told to come back in three months' time, during which he would have the chance of casting away any imputation of heresy, and that if he practically abjured his views his degree would be certain. Seeing how matters stood, and

as he would not demean himself or soil his conscience by recanting, he withdrew from any further examination, and left Edinburgh without the M.D. degree, in the examinations for which he had satisfied his examiners. The incident is so interesting and important in the history of Dr. Pope, and of the way in which homœopathy in 1851 was treated, that we need not apologize to our readers for extracting in full Mr. (as he then was) Pope's statement of the event, as recorded by him in the *British Journal of Homœopathy*, vol. ix., p. 512. The article is headed "The University of Edinburgh and Candidates for their degree of M.D. Mr. A. C. Pope's statement relative to his examination before the Medical Faculty of the University of Edinburgh."

"The Medical Faculty of this University have, it appears, decided that if any of their candidates intend to investigate the merits of homœopathy, they shall be remitted until such investigation shall have satisfied them of the fallacy of this proscribed system of medicine. I am, I believe, the first who has lost the degree of M.D. under these circumstances, and since this is the case my friends have thought it right that I should give as correct an account as possible of all that was said to me at the examination on this point; and therefore, without any further remarks, I will proceed to the matter in hand.

"During the first part of my examination no reference was made to homœopathy, and it was not until after Dr. Christison had examined me on *Materia Medica*, and expressed himself as satisfied with me on that point, that he put the following question: He said (as nearly as I can recollect), 'I have been informed, Mr. Pope, by a colleague, that you are intending to practise homœopathically; now, I don't believe it, but tell me, is it the case?' I replied that I could not give a decided answer until I had fully studied the subject, which I had determined to do, as I felt it to be a duty, seeing that so many men of acknowledged talent were daily becoming converts to this new system. Mr. Syme, who was present, then asked me if I would burn my diploma or return it to them if I became convinced of the truth of homœopathy. To which I replied that I saw no necessity for doing so, considering, as I did, that my diploma was merely an attesta-

tion of the amount of medical knowledge to which I have attained. Mr. Syme then said that he could not see how any honest man could practise homœopathically and call himself a doctor of medicine of a university which repudiates him. After this Mr. Syme remarked that they had nothing more to say to me there, but that they were quite satisfied with the examination. When I had been examined on the remaining subjects I requested the porter to obtain my discharge for me, on which I was told to return to-morrow, at 4 p.m., when there was to be an extraordinary meeting of the Medical Faculty. The next day I waited at the University from 4 p.m. to 5 p.m., when the meeting terminated, and I was informed by Dr. Balfour, the Dean of Faculty, that he was desired by the Medical Faculty to announce to me that they were not satisfied with my examination, and in the second place, that they were not satisfied with the line of practice which I intended to adopt. I then said that I did not understand what was meant by the first part of the objection raised against me by the Faculty, as last evening all the examiners seemed perfectly satisfied with me. On this Dr. Balfour told me that I knew very well that I was very deficient in medical jurisprudence and surgery, and that I should at least require to be re-examined on these subjects. I then asked him if the Medical Faculty would require anything more of me than my examination if I came up again in July. 'Oh,' said he, 'we shall want to know whether you intend to give the decillionth of a grain of *nux vomica*, or one or two grains, which is the ordinary dose.' Said he, 'You know quite well that we grant degrees here licensing to practise that system of medicine which is at present established, and therefore we must know whether you intend to do so before you can graduate.' I told Dr. Balfour that I had a perfect right to study what I chose, and that I thought it my duty to study homœopathy. To which he replied, 'But what is the necessity if you are satisfied that you can do good with what has been taught you, and particularly if you hold the degree of M.D.?' To this I replied that if anyone offered me a method of treatment by which I had a greater chance of curing my patients than that which is at present in vogue, I should feel it my duty to investigate it. 'Well,' said the Dean, 'you must certainly know whether

you intend to practise homœopathically or not ; you must be quite decided on that point, and as I am merely telling you what I have been desired to do by the Senatus, I have nothing more to say to you.' After this, of course, I left. My remission or 'reponement' is therefore grounded on a want of sufficient knowledge of surgery and medical jurisprudence, and on my most decided determination to investigate homœopathy most carefully and impartially. With regard to the first objection to my graduation, I wish it to be observed that were that a real objection I should have been apprised of it on the evening of examination, for I have the highest authority for stating that a rejection for want of knowledge was never remitted to an extraordinary meeting of the Faculty, but done at once at the examination ; two or three Professors club their heads together at the time, and the thing is done. I had understood that Professor Miller, who examined me on surgery, was satisfied with me, but he has since informed me that I was 'rusty' on some points. I can, however, honestly state that there was, I believe, only one question out of a great many that he asked me and which I did not answer. More than one of the Professors have confessed to friends of mine that my examination was unexceptionable. But Professor Miller stated to me, personally, that he had no doubt they would pass me in July were I convinced by that time of the fallacy of infinitesimal doses, volunteering this information out of private friendship, and hoping that I would make no further use of it—an amount of consideration which so much friendship and so little wisdom cannot look for at my hands.

"The above facts are, I think, sufficient to prove that it is not from a deficiency in professional knowledge that I have been remitted, but solely on account of my fixed determination to study homœopathy.—37, Clemens Street, Leamington, June 21, 1851."

To read over this calm, clear, and straightforward account of what passed at Mr. Pope's examination, as told by himself, shows as clearly as possible how the land lay. The reason of alleged deficiency in surgery and medical jurisprudence was evidently a mere stalking-horse for the action of the Faculty in regard to Mr. Pope's honest and honourable refusal to recant from his resolve to study homœopathy, and, if satisfied

with it, to practise it. If a candidate fails in any important subject, he is told so at once, and we have never heard of an extraordinary meeting of the Medical Faculty of any University being held to decide if a candidate has passed his examination or failed to do so. The statements of Dr. Christison, Mr. Syme, and Dr. Balfour, the last as the mouthpiece of the Faculty, show as clearly as possible that the one obstacle to Mr. Pope having obtained his degree was his manly and noble decision not to recant. The Professors put themselves in the position, not of examiners, who had to ascertain if the candidate were able to pass his examination, but of inquisitors, who resolved that "wisdom died with them," and that no one who got a degree from their University should dare to go beyond what they knew and taught. The whole proceeding was a disgrace to the medical profession and the University where the scenes took place. Mr. Pope was a veritable martyr to the truth, and to the honour that a true Briton feels in not submitting to the dictation of a few, in an agreement to stifle his right and his duty to examine for himself what may be the truth, and which, if true, would mark out the only path of honour in which to practise a noble profession, and to act for the good of his patients.

All honour to Mr. Pope—the honest, fearless, straightforward student of medicine, a man to be revered, and a model of what a Briton should be. No wonder that he left Edinburgh without going up again in July for examination. The authorities would never have given him his degree, and it was wise of him not to put himself in the false position that the Faculty wished to see him take. But it was a grievous blow to his professional future. Four years of hard study, culminating in the certainty of getting his M.D., and in the end deprived of it for his manliness and courage. Now that he has passed away we doff our hats to him with the greatest admiration and reverence.

Sir William Hamilton, the world-renowned logician and metaphysician of Edinburgh, in his "Discussions on Philosophy and Literature," p. 643, says, referring to Mr. Pope, "Since the previous sheet was printed, above four months ago, I see that the medical examiners have been publicly accused of rejecting a candidate, not for incompetence, but

on the confessed ground that he was supposed favourable to a medical theory, rising dangerously in opinion, and not in unison with the medical theory of his examiners. On such a step—such an injustice—such an absurdity—the old sectional examiners would not have ventured. If the charge be well founded, an Edinburgh medical graduate may now be an ignorant, unable to spell his mother-tongue, but must not be a proficient, professing to think for himself. So certain also are now the opinions of a majority touching the very practice and in the very body where heretofore medical scepticism was always in proportion to medical wisdom! Our Gregorys and Thomsons—what would they now say to this?" Bravo, Sir William. This is the view of the distinguished and broad-minded philosopher, outside of the medical profession.

The sympathy felt in America for Mr. Pope was such that, at the special request of the Association for the Protection of Homœopathic Students and Practitioners, the Homœopathic College of Philadelphia resolved to waive its usual rule that candidates for a degree shall undergo a personal examination, in favour of Mr. Pope, and conferred upon him the degree of Doctor of Medicine in March, 1852. Subsequently the same honour was done to him by the Homœopathic College of New York.

In September, 1851, Mr. Pope was appointed house surgeon to the Manchester Homœopathic Hospital and Dispensary. While there he made his first contribution to medical literature in the shape of several interesting cases, published in the *British Journal of Homœopathy*. He resigned this appointment in November, 1852, and commenced practice in Derby, where he remained till 1856, when he came to London to pass the examinations at the College of Surgeons, becoming M.R.C.S. In 1858 he settled at Blackburn, and there married the youngest daughter of the late John Hargreaves, Esq. Dr. Pope did not remain in Blackburn more than a year, when he removed to York, having purchased the practice of Dr. Ransford. While there, having before written for the *Monthly Homœopathic Review* numerous unsigned articles, he joined, in April, 1865, Dr. Ryan and Dr. Bayes on the editorial staff of the Review, and

from this time, till in the beginning of 1907, when the Review was taken over by the British Homœopathic Association, he remained on the staff of the Review as senior editor. When the Review was taken over by the Association, he and his colleague relinquished the editorship, and were appointed consulting editors. In the editorial leading article of the *Monthly Homœopathic Review* of 1906, the jubilee year of the Review, a sketch of the history of the Review is given. It is, therefore, needless to repeat it here. Suffice it to say that Dr. Pope, as senior editor, was an enormous power for homœopathy. His editorial articles were vigorous to a degree, and were always open and clear in the defence of the homœopathic system of medicine, fighting for it as occasion arose, and always victorious in the points he fought for and elucidated so clearly. Dr. Pope's other articles were so numerous that it would be impossible to allude to them individually, but they were always able, valuable and full of sound teaching. To have carried on this work for over forty years, without any reward but the love of the work, and the pleasure and satisfaction that he had in thus doing his utmost to promote the cause of homœopathy, which he and we all have at heart, sets Dr. Pope on a pinnacle of merit which we all are thankful and grateful to acknowledge.

In 1862 Dr. Pope joined the British Homœopathic Society, of which he remained a member till the time of his death.

In 1867, wearied with professional isolation at York, and thirsting for professional intercourse, he left York and settled in Blackheath. Before leaving the North he was presented with a handsome testimonial from his brethren of the Northern Homœopathic Medical Association, as a token of their esteem for him personally, and of gratitude for the work he had done for homœopathy. In 1873 he published a "Medical Handbook for Mothers," an excellent, clear, and simple guide to mothers of families in the care of themselves and their children.

He was elected President of the British Homœopathic Congress of 1877, which was held at Liverpool, and there delivered an admirable Presidential address. During the latter half of 1878 he suffered continuously from nerve-exhaustion, and resolved to take a year's rest, going to Davos



for the winter. From this he derived much benefit, and during the following summer spent two months in the United States, where he made the personal acquaintance of the leading American homœopaths, whose kindness and hospitality to him were unbounded. After this long rest from work, Dr. Pope returned quite restored and invigorated.

In May, 1880, Dr. Hughes having resigned the lectureship on *Materia Medica* at the London School of Homœopathy, Dr. Pope was elected Lecturer by a large majority. His lectures were very able in every way and were a great attraction to the audience. Most of them were published in the Review from time to time after he retired from the lectureship, and are well worth reading and studying. In 1881 Dr. Pope was elected President of the British Homœopathic Society for the ensuing year. In the same year (1881) the meeting of the International Homœopathic Congress was held in London, and at the first assembly Dr. Pope was elected Vice-President by a large majority.

On this occasion he, being President of the British Homœopathic Society, gave a magnificent evening reception, Mrs. Pope and he receiving the guests, who numbered fully 250, in the gallery of the Society of British Artists in Suffolk Street, Pall Mall. The decorations were beautiful with flowers, while the pictures at the gallery made a unique background to the conversazione. At the dinner on the following evening, given by the British homœopathic practitioners to their colleagues of the International Congress who were present, at the Criterion, at which Dr. Pope occupied the Vice-Chair, Dr. Dake, of America, after proposing the health of Dr. Hughes, the President, proposed that of Dr. Pope, saying that he was "a gentleman who was well known in the literature of the profession as one of the brightest and most distinguished writers in the islands of Great Britain and Ireland."

In 1883 Dr. Pope published a small book, entitled, "Homœopathy: Its Principles, Method, and Future," consisting of the first three lectures of his course on *Materia Medica* at the London School of Homœopathy, with a portion of his Presidential Address at the close of the session of the British Homœopathic Society, a work well worth study and thought.

In October, 1884, he delivered the fifth "Hahnemann Lecture" at the Homœopathic Hospital on the occasion of the opening of the winter session of the London School of Homœopathy, entitled "Hahnemann: His Work and Its Results," a very able lecture, and extremely interesting to listen to. In the same year he removed from Blackheath to Tunbridge Wells.

In April, 1885, when Drs. Drysdale, Dudgeon, and Hughes, the editors of the *British Journal of Homœopathy*, considered that the time had arrived when the publication of the Journal might be brought to a close, a dinner was given to them, with a very handsome silver bowl to each, as a token of gratitude and esteem for their able and indefatigable work in the management of the Journal for so many years. Dr. Hamilton was in the chair, and on that occasion Dr. Pope was selected to propose the toast of their health, which he did in most felicitous terms, raising the feelings of all who had subscribed to the testimonial and dinner.

In 1886, at the International Homœopathic Congress, held at Basle, Switzerland, Dr. Pope was selected to give an account of the position of homœopathy in England.

In 1889 Dr. Pope was suffering from considerable nerve-strain, and resolved to move his sphere of practice from Tunbridge Wells to Grantham, where he would have more ease in work. When going there he decided to relinquish the active editorial management of the Review, after having been editor for twenty-five years. In taking this step, the homœopathic branch of the medical profession and other friends considered that nothing less than a suitable acknowledgment of Dr. Pope's great services to homœopathy for so many years was due to him as a public recognition, and as an expression of their personal feeling of admiration and gratitude to him. On June 5, 1889, a meeting was held at the London Homœopathic Hospital, with Major Vaughan Morgan, the chairman of the Hospital Board of Management, in the chair, to present Dr. Pope with a testimonial. The testimonial was presented by Dr. Dudgeon, who said that he felt it "a high honour and a pleasant duty to have been called on to present to Dr. Pope this slight acknowledgment of the affection and respect of his colleagues and friends.

. . . Dr. Pope is connected with my earliest recollections of homœopathy. My first acquaintance with him was when he made his gallant stand against the bigoted Faculty of Edinburgh University, on which occasion he became the protomartyr of homœopathy in Britain. Since then he has been constantly in the van of the pioneers and defenders of homœopathy, and the followers of Hahnemann owe him a large debt of gratitude for the zeal and energy with which he has always stood up for the rights of homœopathic practitioners, and for the ability with which he has contributed to the development of homœopathy in the periodical which he has so long edited. It is greatly owing to the scientific manner in which he has conducted the *Monthly Homœopathic Review*, and to the admirable papers and works from his pen, that homœopathy occupies the proud position it now does in medical science. The testimonial I am entrusted to hand him expresses in but a very insufficient way the affection and respect of his colleagues, and the deep debt of gratitude they owe him for his brilliant services to the cause." The testimonial consisted in a purse of £344 and an illuminated address on vellum, with the names of the subscribers to it, to the number of ninety. Dr. Pope's reply consisted of an able and most interesting history of the Review, and of the history of homœopathy in Great Britain. It will well repay our readers to look it up, as it is not only extremely interesting, but gives details which are probably quite new to our junior readers. On the 29th of the same month, a testimonial from Dr. Talbot, of Boston, Mass., U.S.A., was received, along with a draft for £60 from his American friends and admirers in the profession. This address we make no apology for transcribing, as it shows in what high esteem Dr. Pope was held by his colleagues in America:—"A few physicians, whose names are attached to this paper, among the many hundreds of his social and professional friends in America, desire to present to Alfred C. Pope, M.D., of England, a slight testimonial of their esteem for him as a man and a physician, their regard for the great work which he has accomplished for homœopathy, not only in England, but wherever that system of medicine is known, and their sympathy with him in the many trials and annoyances to

which he has been subjected, and under which he has shown a purity of purpose, a strength of will, and an indomitable energy, which have rendered him a brilliant example to his professional associates, who wish him a long and happy life." This address is signed by thirteen of his American professional colleagues.

In December of the same year, probably on account of the nerve-strain already alluded to, Dr. Pope had a slight attack of cerebral hæmorrhage, which paralyzed his right hand and affected his speech. But from this he recovered to a great extent in two or three weeks' time, and in the following February (1890) he was able to write an obituary notice of Dr. Moore for the Review. An opportunity for a professional visit to Italy at this time gave him the requisite stimulus to convalescence, and he returned in June fairly restored to health, and was able to speak at the Congress dinner, held in London in 1891, as if nothing had happened to him.

Soon after this, considering that after so many years of thinking and writing on medical subjects a change of subject would be desirable, he plunged into local politics. There was then a keen fight for the election of a Member of Parliament for Grantham. Dr. Pope took up the cudgels in one of the Grantham newspapers, and wrote a series of exceedingly able letters in support of one of the candidates, and showing up the fallacious arguments of the other candidate. He signed these letters, not in his own name, but under the *nom de plume* of "Anglicanus." He avoided using his own name, lest his kind allopathic "friends" might consider that his motive was advertising. The letters made quite a *furor* in Grantham. They were so able and telling that everyone was discussing who "Anglicanus" could possibly be, and Dr. Pope was much amused to hear himself often discussed, and the talk of the politicians of both sides. The secret of the authorship was kept by himself and the paper so well that it was only allowed to come out after the election was over, and when the candidate he supported had won the victory. We mention this incident as showing Dr. Pope's remarkable versatility of talent, in writing so ably on other subjects than medicine.

At the Homœopathic Congress at Northampton in 1893,

he read an admirable paper on "The Selection of the Homœopathic Specific," showing how well he then was, and how he had recovered from his serious illness.

At the British Homœopathic Congress at Leeds in 1895, the office of President of the International Homœopathic Congress, to be held in London in the following year (1896), had to be filled up. The selection of the members fell unanimously on Dr. Pope, thus showing once more the esteem, affection, and respect in which he was held by his colleagues.

In 1896, when the International Congress met in London, Dr. Pope's opening address was entitled "The Influence of the Therapeutic Teaching of Hahnemann in 1796 upon the Study and Practice of Medicine in 1896." It was an exceedingly able, eloquent, and valuable address, one well suited to such a meeting, and one which it is a treat to read in the *Monthly Homœopathic Review* of that year. Dr. Pope quite recently had this address reprinted and published in the form of a pamphlet, which he dedicated, in touching terms, to his colleague in the editorship of the Review. Though reprinted ten years after it was delivered, it is as fresh, interesting, and up-to-date as if it had been written only when reprinted. At the time of its delivery it was received enthusiastically, and with only one opinion of its high standard of thought and dignity.

In the early part of the same year Dr. Pope wrote, and read before a meeting of medical men in Liverpool, a paper on "Ethics in Relation to the Profession of Medicine." We notice this paper specially, out of so many, as being, in our view, the most masterly and noblest of any exposition of medical ethics that we have ever had the pleasure of reading. By all who are interested in this most important question, which has a special interest for homœopaths, it should be "read, marked, learned, and inwardly digested." It will be found in the pages of the Review for 1896.

Dr. Pope's last speech in public was delivered at the dinner of the British Homœopathic Congress of 1898, which was held in London, at which he proposed the toast of "The Progress of Homœopathy." It was a very clear and able speech, and when Dr. Percy Wilde, with whose name the toast was

coupled, rose, he said that "there was one thing upon which those interested in the progress of homœopathy could congratulate themselves, and that was that Dr. Pope was present on that occasion, and that they had been able to listen to his masterly address upon the past history of homœopathy. At the last Congress they were all disappointed because Dr. Pope could not attend; they learned that he was prevented through illness, and there was no one whose sympathies did not go out and hope he would soon recover. In speaking of the progress of homœopathy, Dr. Pope had spoken with that lucidity which they might expect from one who had always been in the front rank of homœopathy, who had fought for it, and who never at any moment shrank from sacrificing time and energy to the cause."

In the early part of 1899 Dr. Pope, not being in good health, and anxious to obtain rest and quiet, and having commenced his 70th year, resolved to give up practice. He therefore left Grantham and retired to Tring, in Hertfordshire. When he left Grantham the *Grantham Journal* had the following article, which we think worth reproducing as being the last public notice of Dr. Pope, and as showing what a position he had gained for himself in Grantham, and in what esteem and respect he was held there by all who knew him personally or by repute :—

"*Removal of Dr. Pope.*—The many friends of Dr. Pope and family will regret to hear that they have ceased to reside in our midst. For some time past Dr. Pope has not been in the enjoyment of good health, and he has very wisely resolved to relinquish entirely his medical practice. He has also felt compelled to seek a change of air and scene. His choice has fallen upon the pretty and salubrious town of Tring, in Hertfordshire, where he will in future reside. He commenced practice as a physician and surgeon at Grantham in the year 1889, and, as one of the foremost homœopathists of the day, he had a large *clientèle*. For the last forty years his facile pen has been used effectively in defence of his principles, and for the long period of thirty-four years he was on the staff of the HOMŒOPATHIC REVIEW—the last twenty-five as senior editor. Dr. Pope was a most ardent Conservative, but after a severe illness, following upon a paralytic stroke in 1890,

he had to give up all idea of active work for his party except by means of his pen. Returning to Grantham from abroad, restored to a large extent, he found both political parties actively preparing for the general election. Mr. Chatfield Clarke was the adopted Liberal candidate, and his first speech inspired the doctor to write an exceedingly capable criticism over the signature of "Anglicanus." From that time onward, during the whole campaign, Dr. Pope answered every speech that was delivered on the Liberal side, whether by Mr. Clarke or anybody else. On one occasion Mr. Cutbush, the Liberal candidate's agent, made a terrific onslaught on the anonymous writer of the letters. Dr. Pope wrote perhaps the best letter he ever penned in reply, and henceforth he was left unattacked. His identity was kept a close secret until after Mr. Lopes' victory, and no little surprise was evinced when the mystery was explained. In 1896 Dr. Pope was the President of the International Homœopathic Congress, an honour which he richly deserved. In wishing Dr. Pope many happy years in his well-earned retirement, we feel sure we are only expressing the unanimous sentiments of our Grantham readers.

At Tring Dr. Pope did not remain long, as it was found rather dull and depressing. Having found a charming, old-world house, with a large garden, at Monkton, near Ramsgate, he removed there in 1900. His health and strength were feeble, and he was very easily fatigued. Still he enjoyed life, took a keen interest in all current events and topics, and his judgment in matters connected with the Review was always sound and accurate, and trusted by his colleague. As the lease of this charming Monkton house expired, he removed to Margate in 1904, where, at 10, Approach Road, the end came on March 26, in his 78th year. Although feeble in body, his mind remained vigorous till the last.

With the foregoing account which we have been able to give of Dr. Pope's history and career; with the opinions entertained and expressed on so many occasions of his ability, energy, and literary gifts, by his colleagues, not only in Great Britain, but in America, and all over the world where homœopathy is appreciated; with a record of having filled every post of honour in the profession that was within his reach, we need hardly say anything further. To do so would only be

a work of supererogation. The facts speak for themselves. Such a unique record falls to the lot of very few men, and we, as homœopaths, feel very proud that such a man should have appeared in our ranks. It is a good thing to remember our leaders, our great men; and when they pass away to join the majority, to recall their great deeds, to rejoice in their great work, and to show to all what can be done by energy and enthusiasm in a great cause. Dr. Pope stands forth as an example to all who follow him, and to his life, not ending with his death, we can look up with admiration, reverence, and gratitude.

It only remains for us to say a few words of him personally.

Many men who are clever and talented, and looked upon as leaders, are, personally, not liked, and have few friendships. With Dr. Pope it was the reverse. His genial nature made him friends everywhere, he had no enemies, and everybody looked upon him as a friend. His character of open straightness, his soul of honour, his fearless advocacy of the truth, his adhesion to views which he knew to be right, and his indefatigable energy, made it impossible for anyone to view him otherwise than in the light of an example to be followed, and of a friend who could be trusted in all difficulty. He criticized others, of course, as anyone who has views of his own must do, but it was never in an unfriendly way. He was never known to say an ill-natured word of anyone, and always saw a man's best points, even when he could not agree with him. He had a keen sense of humour, enjoyed a joke more than most men, and could always see the comic side of a situation. This feature in his character kept up a brightness in his life which was reflected in everything he wrote or did. His bright and cheerful manner made him a charming companion and friend to all who had the privilege of knowing him. In fact, his character and career were as nearly unique as possible. When, through feeble health, he was at last unable to attend the Annual Congresses, which he much deplored, the feeling towards him on the part of his colleagues was markedly shown by his absence being always remembered and regretted in speeches at the dinners. His loss is keenly felt by all, as the rupture of a great connecting link between the past and the present, and



the disappearance of one who remains as a great model to our younger men. We offer our warmest sympathies to Mrs. Pope and to his four sons and daughter, who, in their affliction, have the comfort and satisfaction of looking back on a great life which was employed to the fullest extent in the furtherance of a great cause, and a life of which they may well be proud. Two of Dr. Pope's sons are in America, and two in England, but none of them have followed their father's profession. The only daughter, Mrs. Lye, is the widow of a Naval captain, and resides with Mrs. Pope.

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### Notices, Reports, &c.

#### BRITISH HOMŒOPATHIC SOCIETY.

THE seventh meeting of the society for the present session was held at the London Homœopathic Hospital on Thursday, April 2, at 8 p.m. ; Dr. A. Speirs Alexander, the President, was in the chair.

It was proposed, seconded and carried, that a letter of condolence should be sent by the Secretary to Dr. E. A. Neatby, on account of the death of Mrs. Neatby, and also that a similar letter should be sent to the widow of Dr. Pope, who has recently died quite suddenly.

Dr. GRANVILLE HEY then showed the organs removed, *post-mortem*, from a case which died lately in the wards, and which presented a puzzle in diagnosis. The patient, who had a past history of gonorrhœa, syphilis, rheumatic fever, and alcoholism, and who was aged 41, was admitted with abdominal pain and a swelling of the abdomen in the middle line, extending from the pubes to above the umbilicus, which was, however, resonant to percussion. No urine could be withdrawn by catheter, and so the bladder was aspirated above the pubes, and found to be full of blood clot, which it took two hours to wash out through the aspirator. This was followed by vomiting of greenish-yellow, watery fluid, looking like pus. He died the next day. At the autopsy the stomach was found to be healthy, as likewise the intestinal tract, except

that there was fæcal obstruction in the ascending colon. In front of the bladder was a piece of mesentery, attached below to the pubes, and behind this a much enlarged bladder, very congested, its surface roughened with nodules, and ecchymoses and petechiæ scattered over it; it was filled with a large blood clot. There was no sign of peritonitis. The kidney substance was largely replaced by fatty material, the capsules roughened and nodular. The heart showed evidence of damage from the former rheumatic fever, the aortic valves being almost absent. The puzzle was to account for the degree and character of the vomiting, and the cause of the blood in the bladder.

Unfortunately Dr. Byres Moir, who was to have read a paper entitled, "Arterial Blood Pressure," was unable to be present owing to illness. Colonel Deane read his paper for him. It commenced with a consideration of the factors determining blood pressure and of the instruments used in measuring it. The results of various observers as to what is the normal arterial pressure were given, including a series of observations made by Colonel Deane on the arterial pressure of soldiers between 20 and 30 years of age. The facts elicited would seem to show that the normal limits of variation in the arterial blood pressure range from 90 to 145 mm. of mercury. The effect of exercise is to raise the blood pressure, but only very temporarily. The arterial pressure is raised in gout, arterio-sclerosis, uterine fibroids, Bright's disease, &c., and is usually lowered in valvular cardiac disease. As a rule the sphygmographic tracings and the instruments for measuring the arterial pressure agree in their indications, but not invariably so. For some cause not yet explained, there is sometimes a marked divergence. Clinical cases illustrative of blood pressure were given in conclusion of an interesting and original paper.

A discussion followed, in which the President and Drs. Sandberg, Nankivell, Goldsbrough, Dyce-Brown, Wynne-Thomas, Hervey Bodman, Johnstone and Madden took part. Dr. Bodman, who during the last twelve months has made many observations on arterial blood pressure in his practice, has found the estimation of it of great service for diagnosis, prognosis and treatment. Colonel Deane replied, and after-

wards Mr. Hawksley, of Oxford Street, demonstrated the use of the various instruments used to measure blood pressure. All the latest kinds of sphygmometers were exhibited and their intricacies explained, and many members had their own arterial pressure estimated by means of them.

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#### NORTHERN COUNTIES' THERAPEUTIC ASSOCIATION.

UNDER the above title a Society has just been launched for the purpose of bringing together for social and professional intercourse those medical men who are practising homœopathy in the north of England. Yorkshire, Durham, Northumberland, Cumberland, and Westmoreland offer a large area from which to recruit members for the Society, but the name of no representative of homœopathy in the two last-named counties is to be found in either the directory or the list of members of the British Homœopathic Society; and in the other three counties homœopathic practitioners are widely scattered. Many large districts and important towns are unoccupied where it is believed good openings offer for young, energetic men.

The first meeting was held in Leeds on April 2, in the Board Room of the premises recently taken for the Homœopathic Dispensary, the Committee having kindly granted its use for the purpose. The members present were Drs. Eaton (Newcastle), Graves (Hull), Hayes (Leeds), Pritchard (Dewsbury), Ridpath (Sunderland), and Stacey (Leeds), the last named being in the chair. Drs. Clifton (Sheffield) and Ramsbotham (Harrogate) were prevented attending.

Dr. Graves delivered an address, taking as his subject "Broncho-pneumonia."<sup>1</sup>

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#### BRITISH HOMŒOPATHIC ASSOCIATION.

A SUMMER course of Post-graduate Lectures will be delivered at Chalmers House, 43, Russell Square, commencing

<sup>1</sup> We hope to publish Dr. Graves' Inaugural Address next month.

the second week in May; a circular giving full particulars is being issued to all likely to be interested.

The Annual Meeting of the Association will be held at Chalmers House in the afternoon of Friday, May 29, when the Rt. Hon. Earl Cawdor, P.C., has very kindly consented to preside. A full notice will be sent to subscribers, who are especially requested to attend, as there are some important matters to be dealt with.

### B.H.S. GOLF.

The following is the draw for the Tournament, 1908 :—

(1) E. M. Madden	}	_____	}	_____	}	_____
(2) Byres Moir						
(3) W. C. Pritchard	}	_____	}	_____	}	_____
(4) C. Knox Shaw						
(5) H. Nankivell	}	_____	}	_____	}	_____
(6) E. F. Cronin						
(7) Bye H. Wynne Thomas	}	_____	}	_____	}	_____
(8) Bye B. Nankivell						
(9) Frank Shaw	}	_____	}	_____	}	_____
(10) W. T. Ord						
(11) J. Powell	}	_____	}	_____	}	_____
(12) H. Mason						
(13) E. Capper	}	_____	}	_____	}	_____
(14) J. Johnstone						

First round to be completed by	...	...	...	May 31.
Second " " "	...	...	...	June 30.
Third " " "	...	...	...	July 31.
Final " " "	...	...	...	September 30.

H. W. T.

## NOTICE TO CORRESPONDENTS.

\*.\* *We cannot undertake to return rejected manuscripts.*

**All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.**

**AUTHORS and CONTRIBUTORS** receiving proofs are requested to correct and return the same **as early as possible** to Dr. MCLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

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Contributors of papers who wish to have reprints are requested to communicate with the Publishers, Messrs. BALE, SONS AND DANIELSSON, LTD. who will make the necessary arrangements. Should the Publishers receive no such request by the date of the publication of the REVIEW, the type will be broken up.

All books for Review should be sent to the Publishers.

Papers and Dispensary Reports should be sent to Dr. MCLACHLAN, 3, Keble Road, Oxford.

Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from Dr. RIDPATH (Sunderland), Dr. MAHONY (Liverpool), Dr. J. HERVEY BODMAN (Clifton), Dr. WYNNE THOMAS, Dr. J. H. CLARKE (London), "M.D. (London)," Dr. SCRIVEN (Dublin), Dr. DYCE BROWN (London), Dr. RAMSBOTHAM (Harrogate), Dr. J. GALLEY BLACKLEY (London).

## BOOKS AND PERIODICALS RECEIVED.

*St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate,* No. 1.

# THE BRITISH HOMOEOPATHIC REVIEW.

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JUNE, 1908.

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## Editorial Notes and News.

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\* The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

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(a) *Lobar*.—This form is by no means so rare in childhood as some suppose. According to Dr. Whipham, the proportions are 43·3 per cent. lobar, and 56·7 per cent. broncho-pneumonia, and this may be looked upon as the usual average. Just as in adults, the lobar form is more common in *males*, and most frequent during the second, third, and fourth years. Its exciting cause is regarded as the pneumococcus. The parts usually affected are important: on the *right* side it is usually the apex or the lower lobe; on the *left* side most often the lower lobe. On the whole the right side is more frequently attacked than the left, though basal cases are most common on the left side. The *onset* is usually sudden, and often begins with *vomiting*, which is well known to be a frequent symptom of a sudden rise of temperature in children, *e.g.*, in cases of scarlet fever. This is much more frequent than a convulsion. It is important to note that the initial stages are apt to be mistaken for a pleural effusion, because the breath-sounds are feeble or absent over the affected part, while in the rest of the lung they are exaggerated. In cases accompanied by marked cerebral symptoms it must be distinguished from cerebro-spinal meningitis.

(b) *Broncho-pneumonia*.—Most common during the first two years of life. It affects the sexes about equally, and is

usually due to a "mixed infection." It may be primary, but is usually secondary to capillary bronchitis. The lower lobes of both lungs are the most common site, though there is a tendency to affect the right lung rather more than the left. Its onset is usually insidious, though occasionally it begins abruptly, like the lobar form. Sometimes, too, the simple may pass into the tubercular form, especially where the disease complicates whooping cough or measles. From a diagnostic point of view, Calmette's ophthalmic reaction might be useful in such cases, to indicate the advent of tubercle.

#### COMPARISON OF THE TWO FORMS.

##### *Lobar Pneumonia.*

- (1) Usually primary.
- (2) Onset usually sudden.
- (3) Temperature more uniformly high.
- (4) Often ends by crisis.
- (5) Usually affects a definite part of the lung, leaving the rest of lung free.
- (6) Exciting cause — the pneumococcus.
- (7) Mortality 12 to 16 per cent. (old school).

##### *Broncho-Pneumonia.*

- (1) Very often secondary.
- (2) As a rule, insidious.
- (3) Temperature prolonged and irregular.
- (4) By lysis usually.
- (5) Bilateral and widely diffused.
- (6) Usually due to a "mixed infection."
- (7) Mortality 30 to 50 per cent. (old school).

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**The Pneumococcus.** like the poor, are always with us ; and that, too, not in an open, straightforward, honest way, but in a sneaking, underhand manner, cropping up where one never expects to find them, eating our salt, and then betraying us to the enemy. The pneumococcus, for example, is harboured in the respiratory passages of 89 per cent. of normal individuals. Not only is it looked upon as the cause of pneumonia, properly so called, but also as the cause of many of its complications, such as pleurisy and empyema, pericarditis and pyo-pericardium, and an extremely grave form of endocarditis, which is often associated with meningitis, and so on. The pneumococcus is also a frequent cause of conjunctivitis, primary acute otitis media, peritonitis and arthritis, and here, like the gonococcus, it

usually affects one *large* joint only. The gonococcus, too, also resembles the pneumococcus in giving rise to a very fatal form of malignant endocarditis.

In regard to the newer treatment of pure pneumococcic pneumonia in its early stage by the old school, (1) the *serum* treatment has not as yet been a success; here the idea is to supply the patient with ready-made anti-bacterial bodies. (2) Bacterial vaccination, where the object of the physician is to help the process of auto-immunization by injecting dead pneumococci into the patient, as many as ten million or a hundred million being injected at one time. This bacterial vaccine seems to be most effective when made from the pneumococci in the patient's own blood. Is this isopathy, or is it homœopathy? It certainly is *not* allopathy.

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ONE must be on one's guard not to be misled by the symptoms of *meningitis*, especially the cerebro-spinal form, in cases of undeclared pneumonias. There may be in the early stage, in cases that are really cases of pneumonia, all the signs of meningitis—retraction of the head, headache, vomiting, irregular pupils, squint, twitchings, convulsions, &c. This may suggest ear disease, and lead to exploration of a mastoid by the surgeon, with negative results, or even initiate a search for a cerebral abscess which is not there. It should be remembered that retraction of the head in a child is a not uncommon symptom in cases of (a) high temperature from any cause; (b) as a result of toxæmia of any kind.

Again, one must also be on one's guard not to be misled by *abdominal symptoms*, pointing to peritonitis, colitis, and the familiar appendicitis, or the more homely "gastro-intestinal disturbance." All these may be found before the pneumonia has fully declared itself, and may mislead the practitioner, who may think that surgical measures are necessary. In such cases, when the abdomen is opened nothing is found, but in a day or two pneumonia develops. Often, also, the child suffers for a week or two with an obscure gastro-intestinal disorder, and then, all at once, an attack of pneumonia develops. The form of pneumonia where one is most apt



to stumble is the *apical form*; to avoid an error, carefully examine under and above the clavicle, and in the supra-spinous fossa, as well as high up in the axilla, and internal to the vertebral border of the scapula, as in those regions an obscure pneumonia is likely to be missed. In cases of assumed tubercular meningitis, always examine these parts, but especially the apex of the *right* lung. In the adult, too, we may meet with cases starting with severe gastric symptoms, violent vomiting and abdominal pain, all of which symptoms may suggest appendicitis, but in a day or two it is found to be a case of pneumonia. Many cases, too, of pleurisy show marked tenderness in the right iliac fossa, especially in children. Of course the two affections *may* occur together.

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**Homœopathy  
and undeclared  
Diseases.**

How, then, is the homœopathic physician to act in such cases of undeclared pneumonia (taking that as the type of all other undeclared diseases)? Is he to wait till he is quite sure of the *name* the *disease* will ultimately assume that he is called upon to treat—to be quite sure whether it *is* a pneumonia, or an appendicitis, a colitis, a peritonitis, a meningitis, or any other disease suggested by the symptoms present? *Most certainly not!* or if he does he is very foolish and is certainly *not* consulting the best interests of the patient, which is always and for ever the true physician's primary duty, no matter to what school he belongs. Here is a patient exhibiting well-marked and undoubted symptoms calling loudly for this or that medicine, though the physical signs are as yet absent, or insufficient to enable us to diagnose the disease, *i.e.*, to give it a name and a local habitation. If we regard these symptoms as of no consequence, and withhold the medicine they call for, till we are sure of the diagnosis of the "disease," we are false to our trust—false to the oath we signed on graduation, and false to the trust reposed in us by the patient—for our treatment will be *too late*. What we have to do is to select the most like medicine, according to the principles laid down by Hahnemann, and give it as he gave it, and most likely the whole disease will be nipped in the bud. It is the patient we must

treat, not the disease. To be sure this plan will spoil our statistics, but it will save much suffering and many lives.

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**Prognosis in Pneumonia.** ACCORDING to Dr. Affleck, Edinburgh, and Dr. Samuel West, London, pneumonia has been a much more serious disease since 1890. They attribute this to the advent of

influenza. In the later "sixties" Hughes Bennett used no drugs for pneumonia, but trusted entirely to feeding and good nursing; in this way he treated 100 cases (consecutive, we assume) without a single death. To-day it is a most treacherous and fatal disease, though this varies from year to year.

Professor Osler also, in the quaint phraseology of the Bedford Tinker, calls pneumonia "Captain of the men of Death." He also notes how fatal it has been in recent years, especially in the United States; in some cities there the death-rate has increased four-fold. Further, "among the infective diseases of modern life, pneumonia infection alone is on the increase." Speaking for ourselves, we have never lost a case of lobar pneumonia, and our practice has coincided exactly with the period during which—according to Drs. Affleck, West, and Osler—there has been such a marked increase of mortality from this disease. This, we venture to prophesy, has also been the experience of homœopathic practitioners in general. In the Royal Infirmary, Edinburgh, the death-rate from lobar pneumonia during the year 1891-92 was 25·38 per cent.

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**Nervous Phenomena in Lobar Pneumonia.**

IN about 80 per cent. of adult cases the disease is ushered in by a marked and prolonged *rigor*. In our student days we were taught that in a child, on the other hand, convulsions took the place of the rigor in the adult. As a matter of fact, it is rather rare to find convulsions marking the onset of an attack of pneumonia in a child. It much more commonly begins with an attack of severe *vomiting*. Delirium and other head symptoms, suggesting some form of meningitis, are much more commonly found in *apical*

pneumonias. In regard to the *knee-jerks*, Dr. Stanley Barnes, of Birmingham, states that during the first two or three days they are normal; they then become impaired and finally disappear, remaining absent till the eighth or ninth day. If they disappear before the third day, this usually means a grave prognosis; whereas late disappearance indicates a favourable prognosis.

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**Treatment of  
Pneumonia in  
Children (Old  
School).**

IN the "Wightman Lecture" for 1907 (*Dr. Frederick Taylor*), we are told that "in the present day the tendency no doubt is to deal somewhat differently with the two forms, lobar and broncho-pneumonia; to treat the latter as a local complaint for which drugs of the expectorant class are likely to be useful, and to regard the former as an infective disease, running its own course, and little likely to be influenced by drugs. But," he says, "there are still those who recommend the well-known cardiac depressants, such as *aconite*, *antimony*, and *veratrum viride*, at the commencement of both broncho-pneumonia and lobar pneumonia, a treatment which can only be based on a view similar to that which justifies venesection." Comment is needless. [We have had to make several verbal alterations in this passage, in order that Dr. Taylor's presumed meaning might be made clear; his proof-reader was evidently "from home."] Mr. Dooley says that in pneumonia it does not seriously matter whether you are attended by a doctor or a Christian Scientist "provided y've a good nurrsse." If he means an allopathic doctor he is quite right; indeed, I would prefer the Christian Scientist, *and* a good nurse. The only advantage is that the doctor could sign the death certificate, whereas the Christian Scientist could not. But if Mr. Dooley means a homœopathic physician, then he is quite wrong, for that would make all the difference between life and death.

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**Honey as a  
Medicine.**

IN an article in the *Times* of April 24, on bee-keeping, occurs the following passage: "That honey is not only a very palatable, but also a most wholesome, article of diet might be shown from its chemical constituents, and from

the special nature of the two sugars it contains. Moreover, its value as a remedial agent, especially in throat and bronchial troubles, is well known. This may be due not only to its emollient nature, but also, perhaps, to a fact of quite modern discovery. Most people imagine that the sting apparatus of the bee is solely to act as a weapon of offence and defence. The truth is that its primary use is widely different, viz., to inject into each filled cell of honey, before it is sealed, a minute drop from the 'poison bag.' The chief ingredient of the liquid is formic acid, which acts as an antiseptic, and prevents fermentation, which would otherwise occur in the honey. Possibly it is this very small, but powerful, element which has medicinal properties of an advantageous kind."

This shows that the bees have anticipated us in the use of food preservatives, and that when people take honey they also take apium virus in appreciable quantities, a fact to be borne in mind when we recommend honey as an article of diet.

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**Pigeons and  
Diphtheria.**

Dr. L. W. SAMBON, in a lecture delivered to the London School of Tropical Medicine, discusses the epidemiology of diphtheria. He maintains that diphtheria has no special connection with filth and bad drainage, as has for long been supposed, but that it is essentially a disease propagated by contagion, and in many cases is spread by means of animals affected with diphtheritis. He mentions especially the horse, the cat, cattle, pigeons, and fowls of various kinds, as all being liable to an affection which is indistinguishable from diphtheria, and although the bacillus found in the diphtheria of these various species is not exactly like the Klebs-Löffler bacillus, the difference is so slight that it may be considered a modification of it due only to difference of soil and to be essentially the same. All these animals are capable of being the carriers of diphtheria to man, but he thinks that pigeons are the chief offenders, and "that the steady increase in the number of wood pigeons during recent times, their greater abundance in the eastern districts, especially during autumn and winter, and their invasion of towns during recent years explain in a most remarkable way the rural distribution of

diphtheria, its occurrence in isolated places, especially near the coast, or even in lighthouses, its greater frequency in the eastern districts of this country, its prevalence during the last quarter of the year, and its recent increase in towns."

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ONE of the principal barriers to the clinical study of radium is its costliness, **Radium in Mineral Waters.** due to the small quantities in which it is found, and to the enormous mass of material which has to be treated in order to extract a very little. It has been known for some time that it is present in many mineral waters amongst which is numbered the Kreuznach water. According to the *Frankfort Gazette*, Dr. Karl Aschoff has succeeded in extracting pure radium from the residues of these waters, and the municipal authorities of Frankfort have decided to construct works for the preparation of radium on a large scale, and for the provision of radium baths for curative purposes. They also intend to manufacture radium salts. At a recent meeting of the Town Council at Kreuznach, specimens of radium extracted from the waters were exhibited. We may therefore hope that before long the price of this new therapeutic agent may be reduced, and its value in the external treatment of skin affections and malignant growths be more widely studied. Meanwhile, there is no hindrance to our studying the internal effects of radium in the way mentioned by Dr. Clarke in his paper on radium, read before the British Homœopathic Society last March. Radium 30 can be had in sufficient quantities for this purpose at a price which is by no means prohibitive.

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**The Influence of Pregnancy and Bacteria on Psoriasis.** DR. HERBERT FRENCH, Assistant Physician to Guy's Hospital, in his first Gulstonian lecture on the Influence of Pregnancy on certain Medical Diseases, states that during pregnancy the mother, if subject to psoriasis before, will either be very much less troubled with it, or she will develop a severe exacerbation. It is not possible to say for certain which of these two events will appear, but more patients have their psoriasis mitigated than increased whilst they are actually

pregnant. On the other hand, the effect of lactation upon psoriasis is almost invariably bad. The eruption is liable to increase during the puerperium in any case, but if the mother suckles her child she is almost certain to develop a very severe attack of psoriasis. This, therefore, is one of the conditions under which the mother ought not to suckle her child. Artificial feeding should be adopted from the beginning.

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**Quinine in Syphilis.**

WE recently noticed the treatment of syphilis by means of mercural, a cholate of mercury, a treatment which required to be carefully watched by means of frequent laboratory examinations of the patient's excreta, to avoid an overdose being given. The latest treatment for syphilis is that advocated by M. Lenzmann, who, reasoning on the analogy of the action of quinine in destroying the hæmatozoa of malaria, considered that it might have the same effect on the treponema pallida, the spirillum found in syphilis. He has tried intravenous injections of a solution containing from 50 to 80 centigrammes of hydrochloride of quinine, and has found it of considerable service in the secondary stage of the disease, but of no use in indurated chancres without secondary manifestations. He has noticed an increase in the frequency of the pulse, vertigo, and congestion of blood to the head, and a sensation of closing of the throat sometimes follows the injections, but these symptoms have soon passed off. The number of cases as yet treated in this way is, however, small. If the method becomes fashionable we shall assuredly not have to wait long before cases of serious poisoning are recorded.

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**Lachesis—a New Supply.**

WE learn from the evening papers of April 28 that a new supply of lachesis has been obtained from a snake recently imported from Brazil and placed in the New York Zoological Gardens, Bronx Park. It appears that the large quantity of 173 grains of poison was obtained. It is a long time since any fresh poison of *Lachesis trigonocephalus* has been procured, and probably most of the lachesis in

general use descends from the original poison collected by Constantine Hering. Notwithstanding the length of time it has been in existence and the high dilution of the lachesis we daily use, it shows no sign of enfeeblement as judged by its therapeutic effects, and cures are constantly being made with it as striking as any made by Hering himself. This fact is valuable testimony to the efficiency of homœopathic pharmacy, and to the therapeutic virtues of high dilutions. We are none the less pleased that a fresh supply has been obtained of this valuable drug.

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At the recent Westminster Abbey Service  
**Homœopathy in High Places.** for Members of the University of London, we are glad to see that homœopathy and the London Homœopathic Hospital were represented in the person of Dr. Roberson Day.

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In our note last month concerning Dr. West on Pneumonia. West's lecture on the "Treatment of Pneumonia,"<sup>1</sup> we expressed pleasure that the necessity of treating the *patient* rather than the *disease* was beginning to dawn upon the minds of those who oppose homœopathy. There are one or two points in this lecture which, on the contrary, savour of retrogression into the darkness of old exploded medical myths, rather than of progress into true therapeutic light. Perhaps the most significant of these is the recommendation of venesection in certain types of pneumonia. In plethoric cases, "such as the big full-blooded butcher, who has beef and beer on board in any quantity," bleeding to the extent of one or two pints is strongly advocated. That in some cases lives may be saved by this proceeding is possible. But since for a century past the followers of Hahnemann have demonstrated the far greater value of small doses of *veratrum* or *aconite* in such conditions, there can be no excuse for those who, in defiance of the more scientific procedure, advocate in preference a return to so revolting and dangerous a practice. This is the more surprising

<sup>1</sup> P. 265.

in the present instance since it is evident that Dr. West has dipped extensively into homœopathic literature. We recall but a few years since his introduction of the two well-known homœopathic medicines, *uranium nitricum* in diabetes and *kali bichromicum* in gastric ulcer, to the notice of the profession at large, without, of course, making any acknowledgment of the source of his information.

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**Checking Pneumonic Consolidation.** REMINDING his hearers of the great danger of spreading consolidation in the lung, Dr. West remarks: "We do not

know any means of checking the progress of pneumonic consolidation in the lung." This is a melancholy confession. Happily, some of us are neither so helpless nor so ignorant. The homœopath knows that any drug that can induce consolidation of lung tissue in healthy persons or animals may be expected to control it in cases of disease. There are two drugs known to all of us which have been proved by *post-mortem* examination in cases of poisoning, either of animals or men, to cause congestion of lung tissue; these are *bryonia* and *phosphorus*. And these are remedies which every homœopath knows to be of supreme value in lung inflammations. Few of us would deny their decided power in checking the progress of consolidation when administered in cases of pneumonia, the general symptoms of which call for their use. There are other remedies known to us all as having the same power, although in these cases it may not have been proved *post mortem* that they can produce consolidation of lung tissue in poisonous doses. The mortality in pneumonia treated with such remedies as directed by Hahnemann averages 8 per cent.; we should be surprised if Dr. West, by his methods, can approach this by many points, the usual average being more than double our figure.

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**Bromine in Pertussis.** A SOLUTION of bromine vapour has occasionally been used by homœopaths in various conditions, chiefly of the respiratory tract, especially croup, laryngismus, and asthma. A good account of it will be found in *Clarke's*



*Dictionary of Materia Medica*, also in *Allen's Handbook*. But it would seem to have been reserved for an allopath to advise its use in whooping cough, to which the violently spasmodic cough *bromine* induces would suggest its especial value from the homœopathic standpoint. In the *British Medical Journal* for May 9 is quoted an article from the *Med. klin.* in which W. R. Schottin narrates how he was induced to expose cases of pertussis to the vapour of *bromine* for two or three hours morning and evening, *after having experimented on himself* (our italics) by sleeping in an atmosphere of the vapour for three nights. Any man who experiments on himself with a remedy in order to obtain facts that may guide him in administering it in disease is not far from becoming a homœopath. The author finds that by the use of bromine vapour "the attacks of coughing lessen in frequency and violence by about one-half in five to eight days, and after three or four weeks disappear entirely, without relapse."

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**"Proving" a  
Drug before  
using it.**

WE wonder if Dr. Schottin slept in an atmosphere of bromine vapour merely to observe if this could safely be done, or whether he carefully noted any symptoms produced on himself in order to employ them as a guide in his treatment of pertussis. If the former, the satisfactory results quoted above are, we fear, not likely to follow in many other cases. This has been observed again and again where an unbeliever has exploited and recommended a homœopathic remedy in some disease. The results he may have obtained have failed to appear in the experiences of others. Is it that homœopathy has failed? Nature's laws do not fail, but men fail in the application and understanding of them. The ascent of a balloon does not disprove the law of gravity. What has happened before, we think, will probably happen in the case under consideration, unless an attempt is made to select cases suitable for treatment by the remedy in question, and to differentiate these from others. Such, alone, is homœopathic treatment. If Schottin noted carefully the kind of cough and other symptoms produced by bromine vapour on himself, and selected those cases of whooping cough that presented similar

symptoms as to cough, &c., these he would find would be cured by bromine, whilst the others would be unaffected or aggravated. This is just what our colleagues seem unable to grasp. Until they give up the idea of treating *diseases*, and treat *each patient as a separate entity*, so long will they fail with remedies that are successful only when prescribed in accordance with the law of similars.

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**X-Rays and  
Specific  
Immunity.**

AN interesting series of cases is given in the *American Journal of Medical Science* (quoted in the *British Medical Journal*) as illustrating the idea that the benefit of X-ray treatment in specific bacterial diseases is due to its raising the opsonic index after each application. In cases of acne, lupus facialis, lupus nasi, and tuberculous cervical glands, it was proved that the opsonic index rose during the days immediately following exposure to the rays, whilst marked improvement followed until the index fell, and after each further exposure the same events succeeded. It is remarkable that after cure, and when, presumably, no specific organisms remained, the opsonic index was unaffected by the rays. It is important, therefore, that the treatment should be given at the times when, according to opsonic methods, a specific injection is required, and only under these conditions will the best results from X-ray treatment be obtained. This will probably be news to some of our X-ray therapists, who may not relish being brought under the dominion of the opsonists. Further experiments, however, are needed to establish the view on a secure basis.

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**A Sidelight on  
Similia.**

IN a leader with this title the *New England Medical Gazette* comments on our colleague Dr. Wheeler's paper on "The Relation between Phosphorus and the Opsonic Power of the Blood over the Tubercle Bacillus," read before the British Homœopathic Society in November last, and adds an account of some similar experiments made at the University of Michigan. These were conducted by Dr. Claude A. Burrett on members of the proving staff permanently employed, and

living at a special table at that University, for homœopathic investigations. The drug tested was *echinacea angustifolia*, the experiments being designed to ascertain its power over the opsonic index in cases of boils, carbuncles, and pustules, for which it seems to be a favourite remedy in the States. We presume that *staphylococcus* cultures were employed, though this is not stated. Three provers were experimented with, every possible precaution being taken against error. The index was found not to vary more than .03 for the three individuals. The results, although not conclusive, appeared to show that after taking *echinacea* 3x the indices gradually increased, but more markedly with one prover than another, and that in the case of the one whose index was least affected several pimples appeared on his forehead and face, suggesting that he was passing through a negative phase. We hope that further experiments may follow, and perhaps with more classical drugs than the one here selected. We are glad to hear that Dr. Watters, of Boston University, is working in the same field.

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### Original Articles.

#### WHY AM I A HOMŒOPATHIC DOCTOR ?

By DR. T. W. BURWOOD.

I HAVE so often been asked why I am such an enthusiastic admirer of Hahnemann, the discoverer of homœopathy, that I am emboldened, at the request of the Editors of this Review, to write the accompanying article, hoping my readers will banish from their minds any idea that it is written as an egotistic ebullition or advertisement,

In my early childhood I was in very delicate health, so much so that I was almost constantly under the doctor's hands, and "suffered much from many physicians," for there was not a medical man of any repute in the Eastern Counties whose opinion was not sought on my behalf. Even to this day I remember the filthy-tasting physic, and nauseous powders and pills, wrapped up in jam to screen their vile flavour ; the very thought of black currant jam and jelly still causes me a

revulsion of feeling amounting to disgust. How well I remember on more than one occasion being blistered on my chest and back, and the agonizing torture I went through until the blister was removed, the bleb cut, and the cool, clarified lard applied!

As time passed on, in spite of, and not thanks to, doctors and physic, my health gradually improved and I was sent away from home to boarding school, and placed under one of the best of men, who, being informed of my delicacy, watched over me with the greatest care. On one occasion I was taken ill and sent to bed, when my master gave me three tiny globules out of a tiny tube out of a tiny black case. When he and his wife, on retiring to bed, came to see me they found me better, gave me three more globules, and in the morning I was quite well. I learned afterwards the little case was one of homœopathic medicines. After that time, whenever I ailed anything I was dosed with those little "hundreds and thousands," and always with success. The simplicity of the whole thing, the getting well without nasty medicines, appealed very strongly to me even as a child, and from that day to this I have never taken a dose of allopathic medicines.

Years rolled on, and as I grew from youth to manhood I became so enamoured with the principle *Similia similibus curantur* that I devoured all the homœopathic literature I could lay my hands on.

On one occasion my father was taken seriously ill, and the family doctor, an allopath, was called in, but day after day he grew gradually worse; his condition was such, the medicines he had had given him so salivated him, he could take his teeth from their sockets and put them back again. The sight he presented, with swollen gums and loosened teeth, I shall never forget. Being the eldest son, I suggested a consultation should be held, which was done. The consultant said the treatment was wrong, and I then suggested a change of doctor. A homœopathic physician was called in, and in three weeks my father was quite well. This made me more than ever enthusiastic in my reading, and I actually found myself recommending my friends to take certain homœopathic medicines for their ailments, which always did them good.

When I married, my wife and I never took anything but

homœopathic medicines, and our children were brought up strictly on homœopathic lines. Unfortunately, where I then resided there was no homœopathic doctor within twelve or thirteen miles, so that when anything occurred which was beyond my power of diagnosis and treatment I had to call to my aid Dr. Roche, of Ipswich. So began a lifelong intimacy with one of the most sterling Christian gentlemen it has been my pleasure to know. His two sons, Dr. William and Dr. Ebenezer, followed in the footsteps of their father, and are now, and ever have been, successful homœopathic physicians. One day, after having been to see my eldest daughter, I accompanied him back to the railway station ; I then asked him what induced him to become a homœopath. He said : "At the time I was a medical student in Dublin there was an epidemic of cholera, and I was house physician at the hospital there, but regret to say none of my cholera patients recovered. Years after, when I was in practice as an allopathic physician in Liverpool, we had another epidemic of cholera, when every doctor was busy, and I among the number. One day I was sent for to see a man who was ill with cholera, but could not get to him as soon as he and I both wished. On my arrival another doctor had already been called in, whom I found sitting by the patient's bedside, and giving him homœopathic globules. I smiled and said, 'You surely do not expect to cure a case of cholera with those little things ?' He said, 'I hope so, as I have not lost a case yet !' I then said, 'That is more than I can say, as I have lost all mine !' I asked him if he would allow me to watch the case, which he did most willingly. The case recovered, and others I saw recovered too under the same treatment. This opened my eyes, and I felt there must be something in homœopathy. I then set about reading the homœopathic *Materia Medica*, and other books on the subject. I was at this time one of the physicians to the Liverpool Infirmary, and when opportunity presented I prescribed homœopathically for the patients under my care. With such success did I do this for twelve months, that I felt I ought not to go on without telling the Committee and the other Infirmary doctors. This stirred up such a hornets' nest that I was asked to resign, which eventually I did ; then I declared myself a homœopath, and have been one ever since." By

this time we had reached the station, where I shook hands with a gentleman who was not ashamed of his convictions, and who for conscience' sake threw aside his old armour for the more certain homœopathic armamentarium. Such evidence, from a man whose integrity was beyond doubt, convinced me more than ever of the truths of Hahnemann.

As a schoolmaster I had frequent opportunities of testing the value of homœopathic remedies in small ailments occurring among my pupils and their friends, and with so much success that I felt if one so unskilled and from a *dilettante* point of view could do so much good, how much more so if endowed with the learning to be obtained in attending one of the first medical schools of the country ! I therefore, after much thought and deliberation, decided to relinquish the scholastic profession and entered myself as a medical student at University College and Hospital, London, where I was fortunate in obtaining the teaching of such brilliant professors and distinguished practitioners as Sir William Jenner, Sir J. Russell Reynolds, Sir Wilson Fox and Dr. Sidney Ringer in Medicine, and Sir Eric Erichsen, John Marshall, Sir Henry Thompson and Christopher Heath in Surgery. Yet with all this array of talent I heard nothing in the lecture room, nor saw anything in the wards, to induce me to alter my views as to homœopathy.

In the year 1891 my old friend Mr. Harry Harris was President of the Homœopathic Congress held in London. As we both started on our medical career at the same time, and had had twenty-one years of homœopathic practice, I wrote him a letter which he might, if he thought fit (this he did), incorporate in his Presidential address, provided he did not let my name appear. I wrote : " During all these twenty-one years I am very proud to assert I have never lost a case of typhoid fever, scarlet fever, small-pox, measles, rheumatic fever or croup, and I can count my deaths from diphtheria on the fingers of one hand. I do not write this in any spirit of egotism but for the glory of homœopathy."

Since then, as from the first, I am proud to say the homœopathic law has been my guide, and with excellent results all through, so that I have every reason in not being ashamed to be known as a true disciple of Samuel Hahnemann, the discoverer of homœopathy !

# EXFOLIATING DERMATITIS CAUSED BY INTERNAL USE OF BORIC ACID.

By J. GALLEY BLACKLEY, M.B.LOND.

It has long been known that borax, when taken internally by certain individuals, has been found to give rise to a scaly skin eruption closely resembling psoriasis,<sup>1</sup> and the writer has from time to time employed the drug medicinally in refractory cases of psoriasis, with a certain amount of success.

The following notes render it probable that boric acid, in certain predisposed individuals, has a similar effect :—

Mr. J. C., aged 55, mechanical engineer, a sufferer for many years previously from chronic prostatitis and occasional inter-current attacks of cystitis, had been in the habit of drinking freely at times of barley water or lemonade containing boric acid, the latter employed as a vesical antiseptic and to keep the urine acid.

On May 12, 1906, the patient came to me complaining of a skin eruption, and showed me symmetrical patches of what appeared to be dysidrosis in the palms of both hands, the patches being about the size of a half-crown piece. There was also slight but very irritable erythema on both shins. Although aware that the patient was using boric acid in very tangible quantity, I did not entertain the idea of there being any necessary connection between it and the skin rash, and merely prescribed *ustilago* internally.

Three weeks later the patient came again, stating that the bladder symptoms were much better, but that his chief trouble now was the condition of the skin. The latter was cracking and peeling freely, both in the palms of the hands and on the soles of the feet. I prescribed *graphites* 6 gr., t.d.

I now lost sight of the patient for about six months, when I received a letter containing the following interesting notes put together by the patient, a highly intelligent man :—

“The trouble increased gradually, until at length the whole of the skin peeled off, including the thick skin of the palms of the hands and soles of the feet, which came off in very large flakes, and as the new skin grew it also peeled off as soon as formed ; this process was repeated three or four times,

<sup>1</sup> Gowers, *Lancet*, 1881, ii. p. 546

and extended to the finger-nails and toe-nails, every one of which came away, rendering the fingers quite useless for a time. Whilst the feet were skinning I could neither put them to the ground nor wear boots or shoes.

"After the skin trouble had continued for some time I left off taking the boric acid, and the skin gradually got better. I again tried to use boric acid, but only to find there was a renewal of the skin trouble, beginning, as before, with 'water-blisters' under the skin of the palms of the hands and soles of the feet. This was repeated several times, until I left off taking boric acid altogether: after this the trouble ceased, and the new nails began to grow, and up to the present time (January 27, 1907) I have had no further trouble, and the new nails have just reached the ends of the fingers.

"Whilst the skin trouble was at its worst, the bladder irritation also increased in intensity, and quite unnerved me, so that I was obliged to take to my bed and remain there for some weeks."

When the patient next presented himself I advised him to use, when necessary, *helmitol* in place of boric acid as a means of keeping the urine from becoming alkaline, and he has had no further trouble with the skin.

The chief point of interest in connection with the above notes is the fact that the patient had used boric acid at intervals for years without any untoward effect. Seeing also the extensive use made of boric acid lotions for washing out cavities and hollow viscera, it seems surprising that evidence of its toxic effects should be so largely wanting.

### BRONCHO-PNEUMONIA.<sup>1</sup>

By DR. CHARLES GRAVES.

GENTLEMEN,—It has fallen to my lot to have the honour of giving the Inaugural Address to you this evening, and the subject I have chosen to speak on bulks largely as an important factor in our everyday practice: its frequent occurrence, its rapid course, the ghastly mortality, the tedious convalescence and terrible sequelæ in the shape of pulmonary

<sup>1</sup> Being the Inaugural Address of the "Northern Counties Therapeutic Association" at Leeds on April 2.



tuberculosis, are all so manifest in everyday experience that we do well to leave no stone unturned in order to grapple successfully with this dangerous disease. And the fact that it is so often the bread-winners of the country that are stricken down with it intensifies the importance of our responsibility, as medical men, in combating its ravages and curing *cito, bene, et jucunde*.

As you know, the disease may generate sporadically with little or no previous history; or again, it may supervene as sequelæ of measles or whooping cough, occurring early in the former and late in the latter case, but most frequently it follows on that well-known and fell complaint, influenza.

A caustic judge has somewhat pungently defined doctors as "a class of individuals who pour drugs of which they know little into bodies of which they know less," and it must be confessed that among allopaths the charge is but, alas, too true, as there is no fixed principle to guide them in prescribing medicine. We, however, as homœopaths, must not and should not plead guilty to the soft impeachment, inasmuch as the formula, *Similia similibus curantur*, voices a law in the domain of medicine that is as infallible, as fixed, and inexorable as the law of gravitation. I may be a poor and feeble exponent of that law in dealing with clinical realities at the bedside, but the failure lies with me as an individual, not with the law, which is perfect.

Bronchitis, *i.e.*, inflammation of the trachea and bronchial tubes, used formerly to be divided into two classes: Sthenic and asthenic. This classification appears academic, and one seldom now hears it mentioned; hence the more practical division has become current, acute and chronic.

Now there are two stages in this disease, the dry and the catarrhal. You are, most of you, familiar with the picture of stuffiness, and discomfort in naso-pharynx, pain, aching and tightness in region of sternum; then, as this condition of things subsides, it gives rise to moist râles, sonorous rhonchi, cough, expectoration, and dyspnœa, coupled with constitutional prostration, and general disturbance of the system.

Pneumonia is divided by the text-books into two classes, viz. : (1) Lobar or croupous; (2) lobular or catarrhal.

In the case of lobar pneumonia you frequently find it in

persons walking about their daily avocations. There is no rise in temperature. Pulse-rate not much quickened. Auscultation gives little or no result. One or more lobes of lung are dull on percussion, and the chief symptom is the hard, dry, heavy, sledge-hammer cough, which the patients describe as shaking head and body all to pieces, and there is little or no expectoration. As a rule, *bryonia* covers the whole case, and soon puts everything quite right.

Now lobular or broncho-pneumonia is a totally different affair. The most frequent sufferers are children under 5 years, although strong, healthy adults are often attacked. The onset is sudden. Temperature rises to  $104^{\circ}$  or  $105^{\circ}\text{F}$ . The breathing is rapid, shallow and painful, the face is flushed, there is intense thirst, and great restlessness; you get patches of dulness on percussion, coupled with *rasping* breath sounds and lung crepitations. The characteristic *rusty* sputum is often present, but just as frequently absent, but in young children a pathognomonic sign is the laboured *grunting* respiration that is specially manifested during the short snatches of sleep.

#### TREATMENT.

The basis of all treatment consists in keeping your patient, infant or adult, breathing a uniform temperature day and night. Hence the sick-room should have a large fire blazing continuously—do not have those abominations known as gas stoves in bedrooms at any price—and the temperature maintained at  $60^{\circ}$  to  $65^{\circ}$  F. Without this, coupled with good nursing and cold water *ad lib.*, the most brilliant prescribing will be futile and ineffective.

*Aconite*.—The four leading “keynotes” for this drug are: (1) Tension in the vascular system; (2) anxiety; (3) restlessness, and (4) burning thirst. Keep these four indications in your mind, and if the pathological condition of things presents itself, put in your *aconite*, and you will find it respond nobly and beautifully to the call; but if the conditions be absent, the drug is useless, and its further continuation is merely a waste of precious time.

*Antim. Tart.*—This was the old antiphlogistic in bygone times when the patient was cupped, purged, leeches and blistered, *à la Sangrado*. No wonder so few “lived to tell the

tale," and happily all this is past and done with, but I must confess to having failed to find a place for *antim. tart.* in the treatment of broncho-pneumonia.

*Bryonia*.—This medicine, as I previously mentioned, seems more useful in the lobar form of the disease, and I cannot find a place for it in catarrhal pneumonia, unless pleurisy supervenes, when it acts specifically and magically.

*Phosphorus*.—This well-proved and reliable drug is our sheet anchor in the treatment of pneumonia, and we should be poor indeed, were we bereft of such an invaluable and faithful ally. The hoarse voice, rasping cough, rusty sputum, rapid breathing and high temperature, are all indications for its exhibition, and again and again has it proved a potent factor in tackling and vanquishing this terrible malady. It is a remedy that is worth its weight in gold.

*Baptisia* is indicated in septic pneumonia when there is a distinct typhoid condition. There is the heavy, listless, torpid state mentally. The dry, furred tongue, drooping eyelids, and continuous headache, with maddening delirium, and all symptoms worse at night. The condition is the direct antithesis to that of *aconite*, and either medicine acts beautifully in alternation with phos., but mark well the indications.

*Kali bich.*—This is an old and well-tried friend in the case of troublesome bronchial cough, when the sputum is of the tough, stringy, tenacious character.

Our text-books are full of recommendations on behalf of *lycopodium*, *carbolic acid*, *carbo veg.*, *senega*, *chel.*, *sang.*, *hyos.* and *sulphur*, but I have not had any experience of these remedies in the treatment of this disease, hence cannot speak authoritatively.

There is a medicine, however, gentlemen, which I desire to bring before your notice specially this evening, and one which you do well to bear in mind as a sheet anchor in desperate cases of this grave disease. In our text-books it is conspicuous by its absence, and not even in an address given some years ago at the Homœopathic Congress in London on the subject of broncho-pneumonia, nor in the discussion that followed, was a single word uttered with regard to this drug, which to me has proved time and again invaluable. It is not a medicine in any way startling or outlandish. In fact, it is

so familiar to every one of us that as "familiarity breeds contempt" so its frequent use in domestic practice has led us to overlook its power and importance in disease. I allude to our old friend

SQUILL.

It was from Joseph Kidd's *Laws of Therapeutics* that I first got the suggestion as to its use in this complaint. He records that on one occasion he was summoned to Windsor in consultation over an old gentleman, who was in *articulo mortis* with broncho-pneumonia. He was semi-comatose, hands and feet were blue and œdematous, breathing shallow and feeble, and the whole condition pointed to impending dissolution. Dr. Kidd ordered large fires to be kept going, as the air of the room was cold, a bronchitis kettle to steam the atmosphere, and ten drops of tincture of squill every fifteen minutes. In the course of a few hours the breathing became fuller and easier, the right side of the heart began to do its work again, the œdema disappeared, and the patient made a good recovery.

Now I propose, gentlemen, to bring before your notice three cases from my own experience that illustrate most forcibly the power of this sovereign remedy in curing patients whose illness would otherwise most assuredly have had a fatal termination.

CASE I.—Many years ago I was summoned to A. N., aged 5, who for some weeks had been under treatment for whooping cough, and had developed double bacic broncho-pneumonia. In spite of my running the gamut *secundum artem* with *acon.*, *bry.*, *phos.*, *ant. tart.*, &c., my little patient steadily got worse and worse. The late Dr. William Morgan was with me in consultation, and although he prescribed fresh medicine, the result was *nil*, and progress was steadily downward. The parents, in desperation, tried wet packs, but still no improvement, and finally one night I said all was done that could be done, and that a fatal result was inevitable. The grief stricken father urged me to see if nothing more could be attempted, and, like a flash of inspiration, I remembered Dr. Kidd's case, and his success with *squill*. I went to the nearest chemist, obtained an ounce of the tincture, mixed it, and told them to give a dose to the child every hour, but still feeling

that nothing could obviate a fatal issue. In this I reckoned without my host, for on calling next morning I found a wonderful improvement, dulness decreasing, and resolution commencing, while cough and breathing were much easier. My patient made a good recovery, and is alive and well to the present day.

CASE 2.—In December, 1892, a gentleman called on me with the request to go with him at once to see his baby, six weeks old, who had been suffering with broncho-pneumonia for the past fortnight, and whom the attending doctor pronounced to be in a hopeless condition, he being unable to do more, as he declared the child was too young to take physic. I went. Never shall I forget the sight. The child lay quite unconscious, like one at the last gasp, its breathing scarcely perceptible, its lips blue, the face pale and sunken, and the half-open eyes glazed, and seemingly lifeless. In addition to all this, convulsions had supervened previous to my arrival. It seemed quite a mockery to attempt anything, but the mother seemed so distracted with grief that, more with the desire to pacify her than with any hope of benefit to the baby, I mixed some *squill* in water and gave half a teaspoonful. The dose lay unheeded in the child's mouth, and the power of swallowing had apparently vanished. I gently inserted my little finger into its mouth, and producing reflex action in the pharynx got the medicine down; I repeated dose in ten minutes and so continued until, after two hours constant work and watching, the child revived. I then left, giving instructions as to keeping the room heated and steamed, and calling again three hours later found it still living and improving. To make a long story short, the child made a good recovery in the course of three weeks.

CASE 3.—Mrs. P. J., aged 56. Called out one evening to find that this lady was confined to bed with a severe attack of septic pneumonia. Her husband, who was, for a layman, exceptionally intelligent in the use of homœopathic medicines, had recognized the disease, and had exhibited *aconite* and *phos.* freely and persistently, but I told him the time for *aconite* had gone by, and it was therefore useless to continue it. I prescribed *bapt.* and *phos.* every hour alternately, and for a day or two there was a slight improvement; then the case became

more grave and critical, until matters culminated in one of the sons calling me out of bed at 4 a.m. to come to the house immediately, as the condition of his mother was such as to occasion great alarm. On arrival I found a desperate state of things; my patient was moribund, quite unconscious and delirious; urine and stool passed involuntarily, and every indication present that death was speedily imminent. I told them there was not a ray of hope and they might expect the end any moment, and mixing some *tincture of squill* in a wineglassful of water, told them to give her a teaspoonful every half hour, and it would "smooth the stormy passage to the grave." I then left and went back to bed, and on again rising I thought every ring at the bell was the message to inform me that Mrs. J. was gone, and to request the death certificate. However, no such message came, and on calling again I was amazed to find my patient had regained consciousness, was much improved, and finally recovered.

These three cases, gentlemen are sufficient to show you the power and reliability of the drug in the sick room. I use the B.P. tincture in 3 or 4 drop doses, and I do not think dilutions are of any utility. The indications for the drug are: copious secretion, but the expectoration, while profuse, is yet out of all proportion to the secretion. I earnestly commend the medicine to your notice, and trust that in desperate cases of this disease when you are at an *impasse* you will remember *squill*.

I have now only to express the hope that I have succeeded in evoking your interest, and thank you for the honour you have done me in selecting me to give the inaugural address to the Northern Counties Therapeutic Association, while at the same time hoping that all prosperity may attend our efforts, and that our coming together may bring about more cohesion amongst us as homœopathic practitioners.

DR. RIDPATH, in opening the discussion, objected to *a disease* being taken as the subject of a paper, maintaining that *the totality of the symptoms* was what we are called upon to treat, rather than the disease under its name. He mentioned "great restlessness and excessive thirst" as a symptom calling for *bryonia*, and as a very distinctive indication for *phosphorus* that "the patient is unable to lie on the left side."

Dr. Eaton agreed as to the great value of *scilla*, and spoke of the usefulness of *veratrum viride* when the pulse tension is low, *aconite* being preferred when it is high. *Ferrum phos.* was useful in some cases, and *kali sulph.* when the temperature was higher in the morning than at night.

Dr. Hayes mentioned that at the London Homœopathic Hospital reliance was placed chiefly on *aconite* and *antim. tart.*, administered alternately.

The next meeting will be held at Harrogate on Thursday, July 9, at 6 p.m.

[EDITORIAL NOTE.—Now why did *ant. tart.* fail, and why did *squill* succeed in these cases? Dr. Graves, in his excellent paper, does not offer any explanation, nor is it, perhaps, necessary; but some of us are born with a mark of interrogation inside, which is always asking "Why?" We think it is a pity, however, that Dr. Graves did not tell us more about the reasons why he selected *scilla*. Are the reasons to be found in the "provings"? The mere fact that Dr. Kidd used it is hardly enough to guide us to a bull's-eye at the first try, and this is what we want in practice. The great use of clinical cases is to help *others* to see *why* this or that remedy was used in a given case: a mere list of medicines used is of little use to any of us—at least to those of us who lay no claim to inspiration. Art may be long, but life is short—especially in broncho-pneumonia.

In our unregenerate days (allopathic) we were accustomed to regard *squills* as merely a "stimulating expectorant." This, however, was too restricted a view to take, for its action on the heart is even more marked than its action on the lungs; and one wonders which of these two actions was the most important in the above cases. It belongs to the "Digitalis group" of drugs: this group includes three drugs—*digitalis*, *strophanthus*, and *squill*. *Apocynum cannabinum* also might be included in the same group. Of the above group, *scilla* is probably the best cardiac "stimulant," as it has more effect on the peripheral vessels (arterioles) and the coronary arteries than even *digitalis*. *Strophanthus*, of course, has but slight action on the peripheral arteries, but both *scilla* and *apocynum* cause intense constriction of these vessels. The first action is to cause an increase of "tonus," with slowing of the pulse:

an excess leads to increased pulse-rate. Further, both *digitalis* and *scilla* are cumulative, and therefore need to be used with caution after the first effects are produced.

As for *antim. tart.* in our own practice, we have found that its place in broncho-pneumonia is a two-fold one : (1) in the very early stage, when in many cases it will nip the whole disease in the bud ; (2) in the later stage, when there is much loose phlegm which the child is unable to bring up, and the so-called "paralysis of the lungs" threatens. Now all the cases Dr. Graves mentions were cases where *ant. tart.* seemed to be indicated, but failed. We again ask "Why?" and why did *scilla* succeed ? Can the provings help us ?]

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### THE VIPER OR ADDER (*Pelias berus*).

#### AN INTERESTING PROVING.

By T. E. PURDOM, M.D.

WHILST on a cycling tour in the New Forest at Easter my son was bringing home a couple of live adders by way of specimens. The following notes from his companion relate what happened. These will give the objective symptoms noted. I shall add to these a few symptoms noted by the Doctor at B., who so kindly took him in ; then my son's description of his own sensations, making a few remarks as to what I observed and the treatment.

"On Monday (April 20), shortly after tea, at 6.45, he took an adder from a mouse cage, where it had been kept all day in a warm shed. While seizing it with the right gloved hand, the viper suddenly bit his left third finger, no glove being on the left hand. He received two punctures near the end of the finger. Within five minutes the joint had swollen considerably, and tingling pain was felt all up the left arm. No drugs were available ; the punctures were sucked hard and ordinary 'blue' applied.

"At 7.5 p.m. he began cycling, but after riding about 4 miles general symptoms of poisoning became acute, and on getting off his bicycle he felt faint and was presently very sick. By this time the whole hand and wrist had swollen. He lay on the ground about twenty-five minutes whilst I



obtained some brandy, which again made him sick. The sickness began about 7.40 p.m., just fifty-five minutes after the bite. A doctor was found, and Mr. P. walked a short distance to his house, 8.15 p.m. Some medicines were given but rejected at once, the retching being almost continuous and very distressing. At 10 p.m., Dr. T. injected into forearm a dose of *strychnine*  $\frac{1}{100}$  grain and *morphia*  $\frac{1}{4}$  grain. Before this the hand was wrapped in a hot compress, wrung out of opium and lead lotion. At 10.30 the patient was carried upstairs, undressed, and put to bed. He was in a comatose condition, but the pain of being undressed partially roused him. At 11 o'clock he was very thirsty, and so continued till 8 a.m. He was constantly sick after drinking (milk and soda were given). At 2.20 a.m., after some sleep, he awoke in a rational state of mind and did not remember being brought upstairs. Later on a hazy memory of the undressing and being carried upstairs returned. The thirst was great all the night. At 8.30 a.m. took a fairly good breakfast and had no feeling of nausea after. He was able to travel home same day."

#### NOTE FROM DR. T.

"The retching was very severe and obviously cerebral in origin. He was at times very collapsed, pale and sweating, with an almost imperceptible pulse."

#### MR. P.'S OWN REPORT.

"Bitten 6.55; started sucking bite immediately; put blue on and wet rag. Started riding about 7.10 p.m. Felt all right except stinging in my hand and forearm. Soon after the bite felt as if my ribs were being pressed in, so that I could not breathe properly, nor take a full breath. After riding two miles my tongue had swollen considerably, and also my right eye. I was feeling giddy and rather bilious, and, getting worse, got off my bicycle. My joints felt stiff, and consequently I strained thigh on back carrier in getting off. Felt faint and very sick, and lay down at side of road. I felt very faint while Mr. B. had left me to look for a doctor; I did not go right off, but was violently sick. In walking to the doctor's my legs were very stiff and ached all over. Hand and wrist now swollen considerably. Retching came on again and con-

tinued through the evening and night. Dr. T. gave me two doses of medicine, but I was sick immediately. He then injected something into my arm. Have a dim recollection of having been taken down very quickly and shaken very horribly. I was violently thirsty all night, and drank everything I could lay hands on. I was sick each time I drank unless I sipped slowly, which I was too thirsty to do. Perspired very vigorously all the time. Slept fairly well later on, and woke up in the morning feeling all right, except for a headache and my arm throbbing, which it had done all the night whenever I was awake. Had a good breakfast, and slept most of the way in the train. The arm had to be kept well supported in a sling.—(H. N. P.).”

I reached home the same evening (April 21) and found H. N. P. looking very slack, with a red, irritable and patchy tongue; not much appetite. Arm swollen right up to the shoulder, nearly twice as big as the other in some parts, bluish in colour and very tender. Swelling of hand rather going down. My son, Dr. Percy, had wrapped up the hand and arm in hot fomentations, and given him *apis* 3x in frequent doses. This treatment was kept up for two or three days, when the swelling gradually subsided, leaving the forearm mottled and bruised-like for some days. The glands in the axilla were tender. By the end of the week, April 25, he was quite recovered. Dr. T. said adder bites were not common, and rarely produced such severe constitutional symptoms as in my son's case, judging from his predecessor's experience.

I have just read in to-day's *Standard* (May 14) an account of a similar bite, which I will add to the above report :—

“While Mr. H. E. S., a naturalist, of Swanage, was walking across the fields, he came upon a large viper, and endeavoured to secure it, but he failed to grasp it near enough to the head, and it bit him in the hand. Mr. S. sucked the wound, but the poison affected his throat so seriously that he at once collapsed. Help was soon at hand, and he was taken home. For a time his life was despaired of, but he gradually recovered. The most characteristic symptoms of the above proving are : Great swelling of the arm, also swelling of the tongue and right eye ; giddiness, nervousness, faintness, sickness, compression

of chest, aching and stiffness of the limbs, collapsed feeling, great thirst."

The subcutaneous injection of *strychnine* and *morphine* may have somewhat vitiated the symptoms during the night. *Apis* 3x was very well indicated by the symptoms when Dr. Percy saw his brother, and seemed to help considerably. The poison of the viper might thus be a valuable medicine, rather like *apis*. Œdema, phlebitis or lymphangitis, or such-like symptoms of blood poisoning would be well met by it as a remedy. The poison of the German viper is mentioned in Boericke and in Blackwood as being used in phlebitis and varicose veins where a bursting sensation is prominent. From the sixth to the thirtieth potency is the dosage given.

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## Clinical Cases.

### ECHOES OF THE OLDEN TIMES.

#### PANARITIUM OR WHITLOW.

(1) IF a physician of the so-called physiological school is called to a patient, who shows him a finger with the extreme phalanx (*nagelglied*) swollen all around, deeply reddened, very painful, on the root of the nail already formation of pus, he will—as he supposes that each and every panaritium has to be put over the same last—without hesitation run the lancet in, and order poultices. This is all he knows. Now the supuration spreads in spite of all, breaks through the joint, and appears on the inside of the finger. This gives him a chance to make a deep, long incision there also, out of which, finally, the phalangeal bone, in a necrotic state, has to be taken.

Homœopathy teaches differently. The homœopathic physician inquires about concomitant circumstances. Suppose now he finds—The patient is looking sickly and pale; in the morning feels weary and dull in the head; complains of having no appetite; evening chilly and feverish; if the pain in the finger is rather better out of doors than indoors; and the physician, examining this, finds, as a permanent cause, very damp walls (or a damp cellar.—C. Hg.), what can the

physiological doctor do but cut, in spite of frequently experienced unfavourable results ?

If, a few days after, the homœopathic physician finds a blister on another finger of the same patient, and if, on inquiry, he ascertains that this has also been the case with the now suffering finger, still, the physiological doctor does not know what to do with all this *anamnesis*, but to poultice and cut as soon as possible. But homœopathic physicians are led by these concomitant circumstances to compare the provings of *natr. sulph.*; give it in the third decimal, and within a few days both fingers will be well, as I can confirm by my own practice. Neither poulticing nor cutting will help, and, as I have also experienced, neither *ledum*, *arsenic*, nor *silicea*.

There is a panaritium from external hurts, and there is one from the remaining consequence of other external causes in the interior of the organism. Among other remedies for panaritium we have *ledum* and *silicea*. The use of both has shown that *silicea* will cure the interior consequences of external causes, and not those of an external hurt. *Ledum* has been proved to cure consequences of external hurts, but only in the first stage.

If gangrene already exists, *arsenic* (or *lachesis*.—C. Hg.) will cure.

In both, the so-called physiological school has passively to wait for a spontaneous exarticulation or make an amputation. In the latter case they might not even be able to prevent the death of the patient. (VON GRAUVOGL, Leipzig, 1861.) (*Translated by C. Hg.*)

(2) A robust middle-aged man was bitten in the left thumb by a man, four weeks previously. The thumb was swollen to double its size; the whole length was hot, red; there was a small opening on the inside of the middle of the first phalanx, *surrounded by a red, elevated margin*. The probe could be introduced down to the ball of the thumb.

There was great pain, on pressure, and a very copious discharge of an exceedingly offensive fluid, appearing like the yeast of wine. Burning, shooting pain, worse on pressure, from motion, and at night.

After *silicea* 30, morning and evening, it improved, but not much. After *silicea* 6, the improvement appeared to be

quicker, and the thumb was finally cured, but a moderate swelling of the bone remained, "which will probably disappear in time." (*Theuerkauf: A.H.Z.*, vol. 55, p. 156, 1858.)

*N.B.*—In several cases the swollen bones, after abuse of *silicea* 6, remained so, in spite of antidotes, for years. *Fluor ac.* would have been the true healing remedy in the above case, very likely, of course if indicated, in alternation with *silicea*.—C. Hg.

(3) A blooming girl had the inside of the right thumb swollen, livid, with beating, cutting, burning pain, so violent that it drove her to madness. *Hepar* 30 lessened the pain till evening. She slept well all night. In the morning it was touched with north pole of magnet, opened, and copiously discharged pus. Well in three days. (*Wurda, A.G.Z.*, 9, 364, 1836.)

*N.B.*—It is a general characteristic of all improvements caused by the drug that the patient first feels better and then the critical discharge takes place. 'In cures by nature the reverse is the case.—C. Hg.

FROM THE ARCHIVES OF STAPF, VOL. I., NO. I, P. 80.

A robust girl, aged 8, suddenly got lame, could not move the right arm and right leg, feeling a kind of numbness as if "fallen asleep"; no cause could be discovered, all other functions being in order; it had been "left to Nature" for six weeks. *Cocculus*, one drop 9th centesimal, diet as usual, but no coffee; three or four days afterwards the child used her limbs and remained well.

WM. GROSS, 1819.

Dr. Gross gives as his reason for selecting this remedy, that it has a tendency to affect one-half of the body, and had conditions similar to lameness.

- (35) Paralysis of œsophagus.
- (119) Pain, with heaviness of arm.
- (120) Arm as if asleep—lame.
- (121) Either one or the other hand is numb, as if asleep.
- (132) Paralysis of lower limbs.
- (151) The feet or the hands fall asleep.
- (183) Limbs as if lame, 184, 185.
- (186) Hemiplegia left side.

C. Hg.

## A CASE SHOWING THE VALUE OF "OBJECTIVE SYMPTOMS" AND OF "DIAGNOSIS."

BY RICHARD KOCH, M.D.

Mr. I. (aged 34, married, tall and slender, dark complexion, of lymphatic, torpid temperament) sent for me on June 7, 1867, for the first time. I found him as if he had just recovered from a fit of epilepsy. From himself and through his wife I gathered the following history and symptoms.

For six years he has suffered, almost daily, attacks of indescribable sudden debility, commencing with a chilly<sup>1</sup> and creeping sensation in the right leg, travelling slowly upward to the chest, together with profuse perspiration on the head; suddenly, and soon after, a feeling of weakness, which the patient describes with the words, "as if I were dying," comes over him, with trembling of the limbs, so that he is unable to stand or sit, and had frequently to be brought home in a carriage. The consciousness is, however, retained. This attack of debility lasts about two to three hours, when strength gradually returns, coupled with a dull, pressing headache about the vertex, which latter continues for some hours.

A physical examination of the chest showed a large heart with thick walls and an insufficient closure of the mitral valves, the regurgitation of blood being distinctly audible. The pulse was then, as it has ever since been, quick, hard, full, and intermitting every sixth or seventh beat. He acknowledged to be always worse in the summer, after cooling rains, and felt the attack come on more frequently after bodily exertions and walking. Otherwise he complained of nothing, but was very low-spirited, because he had been unable to attend to his business as a merchant for years, and his means of support were gradually, but steadily, diminishing.

Not being able to trace all the symptoms to the heart disease, and noticing a roughness of the skin on the forehead, I inquired whether he ever had any breaking out on his skin. Upon this I learned that he had about every four months a scabby eruption, moist at the base and of a yellowish colour, on the scalp and forehead, as far down as the eyes, and

<sup>1</sup> The chilly feeling from the feet upwards is also a symptom of *digitalis* —C. Hg.

sometimes on the chest. By the description I supposed it to have been eczema. This disease the patient thought he always cured in six weeks with an ointment that looked to me like *binoxide of mercury*. Knowing the small chance I had of curing the disease of the heart, the treatment was now quickly decided upon by ignoring this organ almost entirely. *Hepar sulphuris calc.* 3, was left, with orders to give three powders a day.

June 9, or two days afterwards, he reported that he never felt better, and that he had no attack yesterday. Continued *hepar* 3, morning and evening.

June 16.—Continues to feel well and has no attack since. *Hepar* 3 every morning.

June 29.—Well. Discharged as cured, except his organic disease of the heart. The pulse remains hard, full, and eighty-four beats per minute. I have frequently seen him since; he has now no more attacks, nor any eruptions on the head.

I desire to bring this case before the profession, not alone on account of the remarkable results of *hepar*, but also to show how often it is necessary to look for the remotest causes of a complaint, how important objective symptoms sometimes are, and how useful a diagnosis is also to a homœopath.

I am convinced that, with the heart disease alone, the patient would not have had these symptoms, or else he would have them yet; nor would the eruption itself have brought out just these signs, had not the patient had the heart disease. The latter was the organic and the former the constitutional cause, and both together produced this curious state of symptoms.

It would be well if, in the proving of remedies also, such circumstances were taken more into account.

The characteristics which induced me to choose *hepar* were :—

- (1) *The moist skin eruption forming into scabs.*
- (2) *The chilly sensation creeping gradually all over the body.*
- (3) *The perspiration on the head.*
- (4) *The sudden weakness with trembling of extremities.*
- (5) *The pressing headache on the vertex.*
- (6) *Hepar* is one of the most important antidotes to *mercury*, particularly to the *oxide*.

## SKELETON IN THE RECTUM.

REPORTED BY DR. NEWBERRY.

BY the courtesy of my friend, Dr. Fleming, of Devonport, I am able to report the following remarkable, if not unique, case.

On May 13, Dr. Fleming communicated with me by telephone that he had a patient with a "skeleton in her rectum;" would I like to have an opportunity of examining her and being present the next morning, when he had arranged with Dr. T. Y. Simpson for the removal of the "skeleton"? Of course I would!

The history of the case is rather meagre. Mrs. P. is the wife of a labouring man, a thin delicate-looking woman aged 27. She has one child aged 8. No other pregnancy. From September, 1906, to April, 1907, the catamenia ceased, and up to January, 1907, there were indications of pregnancy, the patient believing herself to be in that condition. Towards the end of 1906 she began to feel "pain in her stomach" and saw a doctor, no longer in the neighbourhood, from time to time. He appears to have said something about a "mole," but on this point patient is very indefinite. By April, 1907, the enlargement of the abdomen and of the breasts and all signs of pregnancy had disappeared; but though patient was manifestly in a bad state of health and suffering a good deal of pain, she does not appear to have laid up. In April of last year the catamenia reappeared and have continued more or less regularly ever since. About the same time a persistent diarrhoea set in which has continued till now. It was for this and the accompanying pain that patient on the 12th consulted Dr. Fleming. On making an examination *per rectum* he was greatly surprised to find loose in the bowel some pieces of bone. He removed a piece of the skull about 2 inches long by  $\frac{3}{4}$  inch broad. On the afternoon of the same day Dr. T. Y. Simpson saw the patient in consultation with him, and it was decided to empty the rectum under an anæsthetic. This was done on the morning of May 14. On passing the finger into the rectum a quantity of bones—flat, long, and irregular—could be felt all lying loose in the bowel. As soon as Dr. Fleming had anæsthetized the patient by the administration of ether she was placed in the



lithotomy position and Dr. Simpson proceeded to dilate the sphincter with his thumbs. Without any difficulty bone after bone—pieces of skull, ribs, both tibiæ (quite perfect), pieces of the spinal column—was removed with the fingers. As the lower part of the bowel was cleared, pressure was made on the abdomen to bring the upper part of the rectum within reach and all particles of bone that could be felt were taken away. Finally the bowel was well washed out.

Perhaps it is hardly correct to describe the case as a "Skeleton in the Rectum," as, of course, some of the bones had become disintegrated; some had no doubt passed *per anum* and all had become separated. But the following points seem clear—there had been a tubal pregnancy, which had ruptured not into the peritoneal cavity but through the broad ligament into the rectum. It seems extraordinary that the passage was not blocked and that the poor woman could go about so long with such an abnormal state of affairs.

If there should be any future development I shall hope to add a further account next month.

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### Cases from Hospital Practice.

This section is reserved for reports of interesting cases occurring in Hospital or Dispensary practice, new methods of treatment, and all purely professional matters. These should be carefully, or, if needful, elaborately recorded and described. Each contributor will, if necessary, be allowed two pages of the REVIEW every month for this purpose.

Reports should be sent on as early in the month as possible.

#### SOUTHPORT HOMŒOPATHIC DISPENSARY.

*Reported by Dr. Thomas Simpson.*

January, 1908.—Mrs. S., aged 69, since seven months had catarrh of nostrils, pharynx, and trachea, obstructing her breathing; cough choking, violent in morning on awaking, by lying on right side; voice husky, croupous, violent headache, some fever, skin moist. *Bellad.* 6, dose every three hours; still has hawking of tough mucus, morning, but is able to sleep better than for four months. *Kali bich.* 6. After 12 doses at intervals of six hours, improved, but new

indications arose for *hepar*, which she took twice a day, in dilution, 12, every six hours with the best results; and for a rattling of mucus in posterior lower lung, *sulphur* 30, twice a day; she feels better than for months past, can sleep well, enjoy her food, has less hawking, breathes easily, and can go about her duties with comfort and profit.

James K., aged 76, chronic eczema, moist oozing, stinging, itching, on neck and on back, legs, and scalp. *R. rhus venen.*, 12, twice daily, ten doses, by which some comfort was secured and sleep returned. Omit medicine and return in a month.

Prolapsus ani during stool, which is costive, with feeble desire.

Has a feeble, intermitting pulse; *R. lycopod.* 12 trit., spoonful each evening in a tumblerful of hot water, and *maltine* in hot water in morning; in a week much improved, but irritation severe in bed; *mezereon* 30, *ter die*, helped him greatly, and with a dose of *sulph.* 30 each morning he reports himself better than for five years past.

J. C., aged 43, very spare, nervous, tremulous, has a clean, raw tongue, poor appetite, discomfort after every kind of food, constipation, muddy urine. Gave *nux v.* 30 twice a day, with much benefit; flushing of the bowel each alternate day, and felt better in all respects. Take *nux v.* 30 each night, a week; now has sinking sensation at epigastrium, fur at root of tongue, and sensitive to draughts of cold air, *sulph.* 30 each morning, 3 drops in hot water; by adhering to a diet of hot skim milk, raw eggs, steamed fish, baked apples with bread, he keeps better than for years past.

Dora L., aged 18, anæmic, pallid, emaciated, easily tired; since ten months ago, frequent noisy empty eructations, abdominal pains, radiating from mid-sternum to back. Costive, easily tired, copious catamenia too early, tongue is foul, breath offensive, appetite capricious, feet and hands icy cold. Gave *argent. nit.* 30, six globules, each morning, ten doses. Hot skim milk, 2 quarts, to be slowly sipped at intervals of three hours during day, and cold extract of beef (bovine) to be sipped *ad lib.*, weak tea (China) with cream, and Saxin and Horlick's malted milk. Taka-diastase after cereals. By this plan of treatment speedy recovery took place; she was placed on *sulph.* 30, twice daily for a month. She is now quite well.

## Hospital and Provincial News.

\* \* The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this division, we would point out that this section is reserved for :—

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

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### TUNBRIDGE WELLS.

THE Annual Meeting of the Tunbridge Wells Homœopathic Hospital was held at Christ Church Parish Room, on February 21, 1908. The chair was taken by the President (Mr. F. G. Smart). Amongst those present were Dr. Neild, Dr. Pincott, Dr. Grace, Rev. W. A. H. Legg, Messrs. W. Brackett, W. Langton, E. R. Beecroft, W. Foale, F. A. Spencer, C. H. Strange, Cecil Vinall (Hon. Secretary), &c.

The numbers in the out-patients' department have been 3,098, against 2,953 last year, and 4,593 home-visits have been paid by the Medical Officers to patients too ill to attend personally.

The in-patients have numbered 104, as against 90 last year. Many of these cases required long periods of treatment, with the result that difficulty has frequently been experienced in providing beds for patients who should have been admitted.

The principal event of the year as regards the financial position of the Hospital was the discharging of the £1,200 left on the mortgage at the beginning of the financial year. Both Hospital and Dispensary are to be congratulated on their prosperous and flourishing condition, but especially on having so many good friends who are not afraid to put their hands into their pockets when the need arises.

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## Foreign Reports.

### FRANCE.

#### EEL SERUM (SERUM D'ANGUILLE).

DR. P. JOUSSET has recently given some lectures before the French Homœopathic Society on *eel serum*. This drug is a new one, and he is the first who has used it in the treatment of heart and kidney diseases. Mosso and Phisalix having shown a great analogy between *eel serum* and viper poison, Dr. Jousset determined to employ it in the same cases.

Proving that were made in the laboratory of St. Jacques' Hospital have been recorded in *l'Art Médical* (July, 1899) and in the *Bulletin de la Société de Biologie* (May, 1899).

If one injects in the marginal vein of the ear of a rabbit 3 or 5 drops of *eel serum* in physiological salt solution, the following day the urine becomes albuminous and bloody, and at the same time the pulse is slowed, and afterwards quickened. With larger doses, 8 to 10 drops, the pulse becomes intermittent. Albuminous urine is at first very abundant, but with 8 to 10 drops, anuria occurs with diarrhœa, and the rabbit dies.

After death are found lesions, especially intense in liver and kidneys: there are principally necrosis from coagulation and vascular degeneration. The heart also shows some lesions, chiefly degeneration of the muscular fibre.

Clinically, *eel serum* has only been used in heart diseases, in cases of failure of compensation and impending asystole.

In the *Nouvelles Leçons Cliniques* by Dr. P. Jousset are to be found several cases in which *eel serum* was given with success. In the 144th case, a woman aged 46, affected with mitral incompetence, suffered from extreme dyspnœa with suffocation from the least motion; there was tachycardia, with a liver enlarged and painful to pressure, ankle œdema, oliguria without albumin; the pulse was rapid, very small, and irregular. This patient took *eel serum* ( $\frac{1}{10}$ , 0.25 gramme in 200 grammes water, 3 spoonfuls a day); the day after she passed a litre and a quarter, then a litre and a half, and then two litres. The pulse became regular and normal, dyspnœa decreased, liver was normal. The patient went out after five weeks.

In the 149th case, a little girl aged 14, affected by mitral incompetence since her childhood, suffered from attacks of asystolia. *Digitaline* (3x), 20 to 30 drops, helped her greatly, but *eel serum* ( $\frac{1}{10}$ ) 5 centigrammes a day acted better.

There is a more recent case. A lady, aged 29, came into St. Jacques' Hospital on October 31st, 1907, with complete asystole, with mitral and tricuspid incompetence, small and irregular pulse, painful pulsating and enlarged liver, oliguria. After *cactus*, *digitalis*, *apis*, *spigelia*, *strophanthus*, *viperatoria*, *calomel*, *eel serum* ( $\frac{1}{10}$ ) 10 drops was given to her. The day after she passed more water, and after eight days she was free from oppression, pulse had become regular, and she passed 1,900 grammes urine. In the month of February she came to the Hospital again in the same state, and this time also the effect of *eel serum* was the same. On a third attack, however, in the month of March, it was not so good, and Dr. Paul Tessier had to cure her by *cratægus*.

*Eel serum* is, then, an important new drug that can easily be procured, and the action of which on the heart is to be compared with the snake poisons.—Dr. PAUL TESSIER.

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## Correspondence.

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### AMERICAN INSTITUTE OF HOMŒOPATHY.

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRs,—I am sending you by mail to-day a marked copy of the *University Homœopathic Observer*. The article I wish you to see, beginning on page 53, is entitled "An Official Board for the Promulgation of Homœopathy." This editorial is an expression of my views regarding the employment of a field secretary. I am thoroughly impressed with the necessity of some such action on the part of the American Institute of Homœopathy. The matter is sure to be brought to the attention of the Institute at the coming meeting, a committee having been appointed to consider the suggestion. Dr. Arndt, of San Francisco, is the chairman, and I have no doubt it will help him and the Institute, itself,





THE LATE DR. EDWARD MONSON MADDEN.

if the homœopathic Press will give some consideration to the subject before the June meeting. I hope your journal will consider it.

Cordially,

R. S. COPELAND.

*Editorial Note.*—The "marked copy" is not yet to hand, so that we have not had the pleasure of reading President Copeland's article. Any article from Dr. Copeland's pen is well worth reading, and is entitled to our most careful consideration and closest attention, especially so at the present crisis. We assure him and his fellow-workers of the warmest sympathy of their colleagues in this country, in all their efforts for the spread of true homœopathy.

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### Obituary.

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EDWARD MONSON MADDEN, M.B.EDIN., M.R.C.S.ENG.

LAST month we had to report the death of one of the old guard; this month the reaper has claimed one of the foremost and best known of the homœopathic practitioners of the present day.

It is with the deepest regret that we have to record the death of Dr. E. M. Madden, of Bromley, on May 18. The sad event was tragic in its suddenness. He had only been home a week after a brief holiday, part of which was spent in revisiting Birmingham after ten years, and enjoying the society of his old friends. The day previous to his death he had seen his patients as usual and played a round of golf in the afternoon; on the morning of May 18 he seemed in his usual health, and took his cold bath as was his custom. Thereafter he managed to get back to his bedroom and ring for his wife, who found him in a collapsed condition, complaining of frightful heart pangs. His partner, Dr. Wynne Thomas, was with him in a few minutes, but in spite of everything that could be done Dr. Madden passed away two hours later, although he was conscious until the end and the pains seemed to be relaxing in severity. A blood-clot formed in the



heart and suddenly put an end to his suffering. For the last two years Dr. Madden had been subject to attacks of angina and had consulted his colleagues in London for his heart trouble, and knew of the uncertainty of his life.

Dr. Madden was born fifty-seven years ago at Brighton, and was the son of Dr. H. R. Madden, one of the foremost homœopathic practitioners of the day. As a boy, he attended the Brighton College and Edinburgh Academy; later he studied medicine at King's College, London, and the University of Edinburgh, graduating in 1872 and becoming a member of the Royal College of Surgeons, England, the same year; he then became house-surgeon to the Homœopathic Hospital at Birmingham. On relinquishing this post he went as assistant to Dr. Dunn at Doncaster for a short time, after which he returned to Birmingham and joined Dr. George Craig as partner. He subsequently became a partner with Mr. J. Lawrence for a time, after which he started on his own account in Edgbaston and was made surgeon for diseases of women to the Birmingham and Midland Homœopathic Hospital, a post which he held till he left the Midlands in 1888. On leaving Birmingham to take up the practice of the late Dr. Edward Phillips at Bromley, he was presented with an illuminated address by the General Committee of the Hospital, Lord Calthorpe making the presentation. In the address, "the Committee expressed great regret at the loss the Hospital sustained by the removal of Dr. Madden from Birmingham after being a member of the honorary medical staff for fourteen years, during all which time he had been assiduous in his attention to patients who had benefited greatly by his care and skill. The Committee further desired to record its testimony to the marked ability and punctuality always displayed by Dr. Madden in his hospital duties, and tendered to him its heartiest thanks for the good work he had done, and its best wishes for the health, happiness, and prosperity of himself and his family in his new sphere of life." While in Birmingham he was president of the Birmingham and Edgbaston Debating Society.

Dr. Madden was always to the fore in any movement towards furthering the knowledge of homœopathy. He was a frequent contributor to the *Monthly Homœopathic Review*,

and his writings were always worth reading. He was a Fellow of the British Homœopathic Society, of which he was vice-president in 1892-1893, and president in 1896; he was a regular attendant at the meetings, usually took part in the discussions, and read many papers before the members of the Society. His papers always attracted a good attendance, and proved him to be master of the subject he treated of.

He was for many years, and at the time of his death, treasurer to the Annual Homœopathic Congress, of which he was president in 1895, and at the meeting at Leeds gave as his address a paper entitled "Hahnemann and Modern Pathology." Only last year he read a most original and up-to-date paper, entitled "Some Remarks on the Pathogenesis and Therapeutics of the X-Rays, illustrating their Obedience to the Laws of Similars."

Dr. Madden had a large and fashionable practice in Bromley, and it was through his energy that the Phillips Memorial Hospital was started and developed to its present size. It was in 1889, when the Hospital was first opened, that Dr. Wynne Thomas joined him in practice.

Dr. Madden's high standard of professional knowledge and attainment is sufficiently shown by the numerous honours conferred on him, while practically, as a physician, in diagnosis and skilful treatment he stood in the highest rank. But besides his professional skill his personal charm was such as to endear him to all who knew him. The writer of this notice had the privilege of his intimate acquaintance for many years, and found him not only a true friend but one whose qualities of mind and disposition raised a friendship to a feeling of admiration and love. He can bear personal testimony to the feeling of affection that Dr. Madden evoked in the hearts of his patients by his gentleness of manner and the kindly interest and earnestness which he brought to bear on his work.

The deep respect which Dr. Madden had gained in Bromley was shown by the crowded attendance at the funeral service held at the parish church on May 20, which included nearly all the leading medical practitioners of the town. The committal service was held later on the same day at the Crematorium, Golder's Green, and among those present were Drs. Dyce Brown, Byres Moir, Burford, Washington Epps, Roberson Day, Granville Hey, and H. Wynne Thomas.

Dr. Madden leaves a widow and three daughters, to whom the cordial sympathies of all members of the homœopathic body will be sorrowfully tendered.

H. W. T.

### Therapeutic Digest.

#### HOMŒOPATHIC TREATMENT OF ADENOID VEGETATIONS.—

Dr. Lambrechts, of Antwerp, in addition to the homœopathic internal treatment which is ordinarily employed for adenoids, such as the administration of *arsen-iod*, *calc.-phos*, *hydrastis*, *kali bichrom.*, *tuberculin*, &c., makes use of an adjuvant local treatment which he has found to be very successful. It consists of the application of a glycerole of *hydrastis*, 10 grammes of *hydrastis canad.*  $\phi$  to 60 grammes of glycerine, in the following manner: A tampon of cotton wool soaked with the glycerole of *hydrastis* is introduced deeply into one nostril, and the child is at the same time induced to make frequent inspiratory sniffs in order that the liquid may penetrate to the pharynx. After about a quarter of an hour the tampon is withdrawn and another one is introduced into the other nostril, where it is allowed to remain the same time. This double operation may be repeated thrice daily at the commencement of the treatment, and then once or twice a day, according to the progress made. The advantage gained by this method is that the glycerole of *hydrastis* remains sufficiently long in contact with the nasopharyngeal mucous membrane and the vegetations to have a direct action on the diseased tissues. The catarrh which always accompanies the vegetations is reduced and the blocked nostrils become permeable to air, so that nasal respiration is restored and deep breathing exercises through the nose can be practised.

Dr. Lambrechts relates two cases of adenoids which he has cured by these means, of which the following is one:—

"On October 31, 1905, there was placed under my care Simone G., aged 6, the subject of adenoids. The mother had consulted several specialists at Antwerp and Brussels, and all had advised immediate removal of the growths by operative measures. Before having recourse to this, Madame

G. resolved to try homœopathic treatment. The little patient was poorly developed for her age, pale, anæmic, and of marked lymphatic temperament. For some months she had had a spasmodic cough, worse at night, unalleviated by allopathic medication. Both nostrils were almost completely obstructed and full of thick yellow mucus. The mouth was always half open, giving to the patient the characteristic aspect seen with adenoids. She slept with her mouth open and snored noisily. The tonsils were slightly hypertrophied. By digital examination I could easily feel behind the soft palate a soft tumour of the size of a nut. I prescribed interiorly *calc.-phos.* 6, *kali bich.* 6, and *mercur. iodat.* 6, to be taken in succession, and I caused to be placed in the nostrils in the manner related above tampons of glycerole of hydrastis. At the end of a week the mother joyfully announced a marked improvement in the condition of her daughter. The nose had become permeable to air and the nocturnal snorings had entirely ceased.

"The same treatment was continued till December 13, when the child could be considered cured. The vegetations were no longer perceptible to the finger, the cough had completely ceased, and the air freely entered both sides of the nose. I saw this patient some time ago. She had become strong, with rosy colour, and had passed two winters without catching cold."—*Journal Belge d'Homœopathie*, September-October, 1907.

EXPERIMENTAL PROOF OF THE ACTION OF HIGH DILUTIONS.—Dr. P. Jousset, in the course of a paper on Dr. Huchard's lectures on Diseases of the Heart, incidentally makes the following remarks :—

"Do there exist laboratory proofs demonstrating the action of infinitesimal doses? Yes; those of Professor A. Robin, and my own. M. Albert Robin, whether by electrical or by chemical means, has so modified metals that they have become soluble, or, to speak more exactly, that they behave as if they were soluble. This condition, which he calls colloidal, so develops the action of these substances that a dose of from one to three hundredths of a milligramme of colloidal metal can cause physiological effects characterized by increased metabolism, increase of urea and uric acid. It is evident that

by these experiments M. Robin has demonstrated the action of the lower homœopathic dilutions.

"I have pushed much further than M. Robin the demonstration of the action of infinitesimal doses, and my labours have been inspired by M. Robin himself. That professor, in speaking to me of the experiments of Raulin on the remarkable action of silver on the growth of *aspergillus*, induced me to repeat these experiments, and so to demonstrate the action of infinitesimal doses.

"I will not here relate the details of my researches; it will suffice to say that they have lasted eighteen months, that they are based on more than fifty experiments, and that after having perfected a technique which guaranteed the accuracy of my facts, I have been able to demonstrate the action of *nitrate of silver* up to the thirtieth dilution; that is to say, a solution which contains a dose of *nitrate of silver* expressed by unity preceded by 60 zeros, which still exercises a restraining influence on the development of *Aspergillus niger*. I can say that these results are mathematical, for they are the result of weights measured by an accurate balance. Here is the result of one of our experiments which we give as an example :

Weight of mycelium ( <i>aspergillus</i> )	...	1st control	...	...	...	0'30
" "	...	2nd "	...	...	...	0'30
" "	...	3rd "	...	...	...	0'30
" "	(under influence of)	30th dilution (of nitrate of silver)...	...	...	...	0'20
" "	...	12th "	"	"	"	0'15
" "	...	6th "	"	"	"	0'12
" "	...	3rd "	"	"	"	0
" "	...	2nd "	"	"	"	0
" "	...	1st "	"	"	"	0

—*L'Art Médical*, February, 1908.

AN AGGRAVATION CAUSED BY *RANUNCULUS BULBOSUS*.—Dr. Chiron narrates that early in last October, after a rainy day, he felt on waking a severe pain in the left thoracic wall, at the base behind and in the axilla. There being no rise of temperature he treated it as of no importance, but the pain becoming more and more violent, he made a closer study of the symptoms with a view to the selection of a remedy. The symptoms noticed were :—Pain over an area situated at the base of the left half of the thorax in the ninth, tenth, and eleventh intercostal spaces, of a severe neuralgic character,

provoked by damp cold. Aggravation by the first movements on waking in the morning, by deep breathing, by turning the body, by pressure. Amelioration by prolonged exercise. No cough. Four medicines were thought of—*ranunculus bulbosus*, *natrum sulphuricum*, *borax* and *rhus*. *Ranunculus* was chosen and taken in the third dilution. At the end of three or four days the pain remained the same. He then again tried expectant treatment, but without result. Thinking he had chosen the wrong remedy at first, he now took *natrum sulphuricum* in the third dilution, but again with no improvement. Massage and frictions were then tried, but they did no good. Then eight days more elapsed without treatment, but the troublesome intercostal pain continued, and he made a fresh study of the symptoms, only to conclude that *ranunculus* was the right medicine after all. He took it again, but this time in the first decimal dilution, of which he took six drops on November 2. The result was a pronounced aggravation. He has never suffered such pain as on the following night, and the next day was almost as bad. All the symptoms were worse, he could not stir or turn himself without pain, pressure in the intercostal spaces was more painful than ever, and the pain on breathing was so great that he could not walk quickly without feeling a torturing sensation of suffocation, accompanied by palpitation. He went to bed early and woke the next morning completely cured. The interesting point is to notice the different effect of two dilutions, both quite low. The third centesimal had no effect at all, while the 1st decimal caused a severe aggravation, followed by cure.—*Revue Homœopathique Française*, January, 1908.

CUPRUM IN EPILEPSY.—Dr. Chiron brought the following case before the French Homœopathic Society at its meeting on October 12, 1907. Madame X., aged 34, had suffered from epileptic attacks for ten years. Her father died of phthisis, and her mother was excessively nervous. She herself had had no serious illness beyond anæmia from 15 to 20, but had suffered from attacks of somnambulism, which occurred usually some days before the period. Her illness dates from a fright she had at 24 years of age. A burglar entered her house while she was alone; she was much excited and fainted, but no

nervous attack occurred. She was indisposed and her menses stopped. At the following menstrual period she had her first attack. The attacks occur mainly at or about the "periods" and also at new and full moon; they occur only at night, often several attacks in one night, but rarely before midnight. There is an aura consisting of a violent cramp in the left foot and calf which ascends along the leg and thigh, and then the left arm, with cramping of the thorax. She instinctively puts her right arm before her head, utters a cry, and falls unconscious. Her face becomes pale and her eyes seem to start from their orbits. She grinds her teeth, bites her tongue, and a red foam appears at the mouth. The whole body is agitated with violent subsultus. At the end of some seconds the agitation ceases, she becomes calm and snores noisily. The whole attack lasts about twenty minutes. On regaining consciousness she remembers nothing, but feels heavy in the head and generally limp; at the same time her heart beats violently. Sometimes in the daytime she has drawing-in cramps in the left leg, followed by dazzling before the eyes and vertigo for some seconds, but never loses consciousness. Her attacks had been of the same character for ten years, varying only in number and intensity, but had been much worse lately. They had been better during pregnancy. For the last two months not a single night had passed without an attack. There were no objective physical signs except slight diminution of sensation in the left arm and exaggeration of the patellar reflexes, notably the left. There was no anæsthesia of the pharynx or retraction of the visual field. She had attended many doctors and had all kinds of treatment, including hypnotism. At one period she took 14 grammes of bromide a day without the least benefit. Finally, a surgeon proposed to trepan her. She objected, and deciding to try homœopathy, went to Dr. Chiron. He considered that *cuprum* was the similar remedy, and on March 25, 1907, he prescribed *cap. met.* 30, two granules every morning for three days, then to stop two days, and then repeat. On April 3 there was some slight improvement, the attacks being less violent and occurring later, after midnight, and there were no dazzlings or vertigo in the daytime. *Cap. met.* 30 was repeated: 2 granules night and morning without interruption. April 24.—Has had no more attacks. Sleeps well but dreams

much, sometimes nightmares. Once or twice slight giddiness in the daytime. To stop *cuprum* for a week and then recommence. June 12.—No more attacks. Sleep good and no nightmares. Cannot stop the *cuprum* more than three days running without feeling nervous and having giddiness in the daytime. July 17.—Very well till the 10th instant, when she had a great annoyance, and since then has had commencing attacks, but no loss of consciousness. Has become constipated. Some giddy attacks in the daytime. *Silicea* 30 for six days and then to recommence *cuprum*, 30. September 25.—Has passed two very good months with no attacks. November 8.—Passed an excellent October, but on November 6, after a violent fit of anger, had during the night a very light attack with loss of consciousness, the first time for seven months. The epilepsy cannot be considered cured, but shows the excellent results of homœopathic treatment in a case quite unameliorated by all other means.—*Revue Homœopathique Française, November—December, 1907.*

TREATMENT OF WOUNDS BY ELECTRIC LIGHT AND HEAT.—Dr. Dupuy, in a communication to the Société Française d'Homœopathie on February 12, 1908, gave his experience of treating wounds by the electric light. The technique is as follows. You take a light of 50 candle power of unpolished glass, furnished with a reflector, and you bring it to within a distance of from 5 to 10 cm. of the wound you wish to cicatrize. At the end of from five to ten minutes you observe that the surface of the wound is covered with a thin layer of serum. Then remove the lamp to from 10 to 20 cm. from the wound, and in the following ten or twenty minutes you will see the wound become congested under the layer of serum; it is at first scarlet, then bluish-red, forming a base on which myriads of little red points appear. Then remove the lamp to a distance of 20 to 40 cm., and during the following quarter of an hour you will see the red points gradually becoming granulations, whilst the wound retracts and its edges tend to approach towards the centre of the raw surface. At this stage, on the edge of the wound, the opalescent serum is already transformed to a thin epidermic pellicle. It is at this point that



the application should be stopped. If in the hope of hastening the process of cicatrization you prolong the *séance*, this is what will happen. You will first of all see the thin layer of serum completely transformed to a thin transparent pellicle. The wound will be then quite dry, covered by a protective varnish, and you will be happy ; but wrongly, for when the next day you take off the dressing you will see under the protective varnish a sero-purulent secretion, which has partly destroyed the good result of the day before. A still further prolongation of the application of the light would produce an abundant suppuration undermining the edges of the cicatrix. To obtain good results one must stop when the serous layer begins at the edges to change to a thin pellicle. Phototherapy is not applicable to purulent wounds, but with wounds over a large surface, only slightly septic, atonic, and rebellious to all treatment, it gives excellent results.—*Revue Homœopathique Française*, March, 1908.

**EQUISETUM AND ITS ANALOGUES IN URINARY AFFECTIONS.**—Dr. Leon Vannier read before the Société Française d'Homœopathie, on February 12, a paper on *Equisetum hiemale*, in which he compares its urinary symptoms with those of *apis*, *cannabis sativa*, *cantharis*, *chimaphila*, *ferrum phosphoricum* and *pulsatilla*.

*Equisetum* acts little on the kidneys, more on the urethra, and much on the bladder. It acts principally on the right side. Its pains are burning and stinging, aggravated by movement, pressure, touch, the action of sitting down ; in the afternoon they are better from lying down.

**Kidneys.**—Deep pain in the region of the right kidney often extending to the right lower abdomen, accompanied by urgent desire to micturate. Much painful sensitiveness in right lumbar region.

**Bladder.**—Great sensitiveness of all the bladder region, so much so that pressure cannot be borne ; worse in the afternoon, and on the right side. Urgent desire to pass urine.

Heavy pain in the bladder when it is distended, which is not relieved by passing water.

Urination frequent and scanty, with urging and intense pain mostly immediately after micturition ; worse in the afternoon and at night.

Incontinence, both day and night, in children without evident cause and generally accompanied by dreams or nightmares at the moment of passing urine. Incontinence in old women with, at the same time, incontinence of fæces.

Retention and dysuria in women during pregnancy, after delivery.

Urinary troubles, and especially incontinence, accompanying cancer of the uterus.

*Urethra*.—Excessive burning in the urethra during micturition and at other times; stinging and burning pains; intense pain in the urethra immediately after micturition.

*Urine*.—Dark and scanty, or more often watery and profuse, especially in the daytime, although but little is passed each time.

The urine deposits much mucus. Albuminuria.

*Apis*.—Urine is scanty and dark in colour. Only the last drops of urine cause a sensation of burning in the urethra. The œdema, absence of thirst, and extreme sensitiveness to touch, easily distinguish it from *equisetum*.

*Cannabis sativa*.—There are many sensations of burning in the urethra, like *equisetum*, but there is the special sensation of a drop of burning water passing along the urethra during urination and at other times. Erections are frequent. The flow from the urethra is almost constant; there is aggravation at night on lying down.

*Cantharis*.—This approaches much nearer to *equisetum*. The urgings to urinate are very imperious, the bladder pains are constant; there are tenesmus, hæmaturia, the urine is loaded with fibrous deposits and not only with mucus. The quantity of urine passed is less than with *equisetum*.

*Chimaphila*.—There is often excess of mucus, like *equisetum*, and it is also much employed in incontinence, but there is not the intense pain at the end of micturition, and there is the special sensation as of a heavy ball in the perinæum. The urine is scanty, bloody, with muco-purulent deposit.

*Ferrum phosphoricum*.—Is especially suitable for incontinence, which is purely nervous, with no lesions of the urinary passages.

*Pulsatilla*.—Its urinary symptoms are worse in bed, when the patient is lying down, and suits nocturnal incontinence

in children. There is a spasmodic pain before and specially during micturition. There is much phosphate of ammonia in the urine.—*Revue Homœopathique Française*, March, 1908.

**THE BENZIDINE TEST FOR BLOOD.**—Einhorn's simplified method of performing this test is as follows: Strips of paper are soaked in a saturated solution of benzidine in glacial acetic acid and dried. A piece of this paper, held with ivory forceps—for it must not be touched with the hand—is dipped into the solution suspected to contain blood. Over the paper are then poured a few drops of peroxide of hydrogen solution, and it is laid on a white porcelain plate. If blood is present, a green to blue colour appears in from a few seconds to a minute afterwards. The test is made even more exact and more certain by using an ether extract in place of the solution of the matter to be examined. It is as available for the contents of the stomach as for urine, and also for fæces, a pea-sized piece being rubbed up with 2 cc. of water, and the reagent paper dipped into this, the peroxide solution being poured over it immediately after removal. This reaction is always to be found when a gastro-intestinal lesion bleeds slightly, thus proving the presence of an ulcer or a cancer.—*The Practitioner*, March, 1908.

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### Reviews of Books.

*The Failure of Vivisection and the Future of Medical Research.*

By Arabella Kenealy, L.R.C.P. & L.M.(Dublin).

London: Ernest Bell, York House, Portugal Street, W.C.

To this essay was awarded the prize of £50 offered by the Leigh Browne Endowment for the best essay on "The Failure of Vivisection as a Means of Promoting the Healing Art in Man, with suggested Lines for Future Medical Research Work, without employing Experimentation on Animals."

This is an excellent little book and well worth perusal by all. We congratulate Miss Kenealy, not merely for gaining the prize, but rather because of the great service she has rendered to humanity. She shows that while other sciences have advanced, medical science has been left far behind, outpaced and powerless before the inroads of disease and

degeneracy. This is largely due to vivisection, which has hindered and misled it, as well as taking the place of other and truly valuable methods of research. Vivisection is thus an evil in a double sense, negatively, because it does no good ; positively, because it takes the place of legitimate research, as well as misleading and misdirecting the "science" it pretends to guide. It is this waste of time, waste of energy, and waste of money we deplore, and the result? *Nil!* as far as healing the sick is concerned, I mean. This is specially seen in the methods of cancer research. What is the presumed object of this cancer research? To find *a* specific for cancer, *i.e., to find the impossible*. There cannot be *a* specific for the class of diseases we call cancer, for each patient differs from every other, and each needs *an individual specific, i.e.,* it is the patient that must be treated, not the disease. The sooner this "will-o'-the-wisp" search for a cancer specific is given up the better. Yet think of the number of plants, their varieties and sub-varieties, about whose action we know nothing ; and think, further, what a gain it would be to the healing art if the thousands of medical men in this country would set about "proving" these plants along the lines laid down by Hahnemann and his successors ! Then the millennium of medicine would begin to be. It is nothing short of a national calamity that the prevailing method (mode, rather, for there is no *method*) of treatment is what we know as "allopathic." Yet kind Nature drops hints now and again, when some cure, bordering on the miraculous, arrests public attention, *e.g.,* comfrey root for sarcoma of upper jaw (Sir William Thomson, of Dublin, see *Lancet*, November 28, 1896), the meadow clover in cancer of the breast (see *The New York Tribune*, September, 1884), and more recently violet leaves for cancer of the throat, in the case of Lady Margaret Marsham. All these are hints dropped by a beneficent Creator, but medical science will not take heed, it simply stores these instances away as so many "curiosities"! We talk of "pig-headedness" but this is worse, for even a pig will follow any one who drops a bean now and again, though it leads him to the slaughter-house ; and a donkey will follow a carrot held in front of its nose. Not so medical science ; it will not take heed, will not consider these broad hints dropped by kind Nature, but pursues its *ignis fatuus* and mistakes movement for progress.

The interesting part of the book, however, for us homœopaths, is where Miss Kenealy deals with "suggested lines for future medical research, without employing experimentation on animals." On the "testing of drugs" she says :—

"As regards the action of drugs, it would be impossible to improve upon the intelligent and scientific methods of the homœopaths, described before the recent Royal Commission by Dr. G. H. Burford. The tests are made upon volunteer human subjects.

"The experimenters are always healthy human beings—healthy in the first place in order that the vitiating results of sickness may be eliminated, human in the second place in that the major part of a medical man's work deals with human beings; and conscious human beings in the third place in that the great variety of subjective symptoms and mental conditions, which are unattainable by experimentation on animals, may be added to the objective findings.'

"The experiments begin with small and gradually increased doses (without any relation at all to the quantities in use by homœopathy). During administration the subjects are closely observed by experts, who make exhaustive examinations as to temperature, pulse, blood-pressure, blood character, secretions, excretions, &c.

"Many of the most used and accredited drugs now employed by our own allopathy were first introduced into medicine by homœopathy.

"Homœopathy,' Dr. Burford stated, 'finds that experiments on healthy human beings yield results more ample, more direct, more fertile, and more reliable, than the details obtained by experiments on animals.'

"In point of fact, by this only, allied with clinical methods, can reliable information be acquired.

"In mutilated, anæsthetized, narcotized, and unconscious animals, results are necessarily vitiated or nullified.

"In the cases of animals, too, the valuable subjective effects of drugs are hidden.

"Finally, of course, all results obtained on healthy man must be tested upon sick man, for the action of drugs differs in health and in sickness."

Yet what shall we say when we find members of our own

school reverting again to the weak and beggarly methods of the vivisector? No language is strong enough to condemn such practices. This, to our mind, constitutes an indelible blot in the re-proving of belladonna by the "O. O. and L. Society." Such practices are quite unnecessary in homœopathic provings; and not only unnecessary, but useless.

Homœopathy alone is able to furnish the scientific reason *why* vivisection is and must remain useless. Every anti-vivisectionist, to be consistent, ought to be a homœopath, and ought to support homœopathy. True, there are many reasons that might be urged against the practice of vivisection, but none of them, apart from homœopathy, have any scientific value. There are, of course, reasons that take their rise in mere sentiment, others that depend on that innate sense of right and justice more or less developed in most human beings; for it can never be allowable to do evil that good may come. The end can never justify the means. Then, again, there is the long and consistent list of failures that must be laid at the door of vivisection. Of course, the vivisector tells us to be patient that something may yet "turn up." It may. The vivisector never is, but always to be blest. All this is most true, but none of these reasons would satisfy the truly scientific mind. Homœopathy, however, furnishes the true scientific reason why vivisection is doomed to failure, and Miss Kenealy did well to insist upon this point in her suggested lines for future medical research work without employing experimentation on the lower animals.

*Knaves or Fools?* By Charles E. Wheeler, M.D., B.S., B.Sc.  
London: John Hogg, 13, Paternoster Row, 1908.

This little book by Dr. Wheeler is a defence of the homœopathic cause, written, we should judge, mainly for the profession and that part of the public which has a measure of scientific knowledge, as well as some curiosity with regard to things medical. Its tone throughout is moderate and reasonable, and is more than fair to opponents of homœopathy. Dr. Wheeler strictly carries out the intention expressed in his preface: "I have endeavoured to avoid intemperate or unfair advocacy, believing that they serve no cause well, and least of all a scientific one." The first chapter treats of the present

situation of affairs in the medical world, and of the mutually hostile attitude of homœopathy and the orthodox school. He points out that this division is a source of weakness to the authority of the profession at large, and appeals to scientific men to put an end to it by a reasonable endeavour to find a solution of the problems involved. In Chapter II. a brief but masterly *résumé* is given of Hahnemann, his times, and his work, showing that Hahnemann was intellectually far superior to the average physician of the eighteenth century, and, though necessarily limited by the state of medical knowledge of his day, was enabled by his genius to anticipate conclusions demonstrated only long afterwards. Such were his conclusions in regard to the treatment of insanity, the hygiene of epidemics, and his anticipation of the nature of some contagious disease, shown by attributing them to what he calls "small animalcules."

Chapter III., on the trend of modern medicine, shows how the existence of homœopathy has gradually modified the old treatment, making it more mild, and how in the present day orthodox medicine is becoming permeated by homœopathic practices though the homœopathic law is still denied; while the pioneers of vaccine therapy have abandoned the orthodox attitude of contempt towards Hahnemann, whose name has been mentioned with approbation by Professors Pasteur, Roux, and von Behring.

The fourth chapter, entitled "Knives or Fools?" is perhaps the most convincing from a controversial point of view. In it Dr. Wheeler shows that the homœopathic law is in agreement with the fundamental law formulated by Rudolf Arndt, and he quotes a series of propositions on drug action enunciated by Professor Dr. Hugo Schulz, of the University of Griefswald, which might well have come from a professor of homœopathy, instead of from an orthodox professor lecturing to an orthodox audience. Several objections commonly brought against homœopathy are answered, especially the alleged impossibility of the action of infinitesimals.

The final chapter deals with the future and its possibilities. There are three courses, says Dr. Wheeler, open to the opponents of homœopathy: open warfare, the conspiracy of silence, and the search for a common basis and meeting

ground. The last is alone worthy of scientific men. Authority has no place in matters scientific and must be abandoned, and the profession must give the homœopathic claims a free and full investigation. "Man is man by virtue of his mind, yet the men who take pleasure in independent thought are a handful in a multitude who long for nothing but a dogmatic statement whereunder they can shelter their intellectual laziness. The medical profession that should be, that shall be, has no place for these. It must be a body to which no theory can seem too fantastic for experiment, no experiment too extraordinary for repetition, no results achieved too wild for utterance. Error there will be, but let there be no concealment, no attempt to decide without investigation, or condemn without enquiry. It would aid little if homœopaths were absorbed in the main body, only that a solid front should be presented to obstruction against the next gleam of truth that may come in a puzzling form. Rather let their reconciliation, if it may come, be a pledge that the homage of the profession is, henceforward and for ever, due to true science, whose watchword is experiment, and whose enemy is authority. So only will it come to be trusted with greater powers, so only can it use them worthily." With this eloquent passage we take leave of Dr. Wheeler's book. We hope that the combination of "sweetness and light" which it displays will win, as it deserves to do, many converts to homœopathy.

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We have received from Craven House, Kingsway, London, specimen copies of squared paper suitable for preparing graphic records. They are put on the market in pads of fifty at the price of 5s., and styled "W. G. Graphic Charts." They would be useful for the graphic representation of the results of scientific work.

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## Notices, Reports, &c.

### BRITISH HOMŒOPATHIC SOCIETY.

THE eighth meeting of the session was held at the London Homœopathic Hospital on Thursday, May 7. Dr. A. Speirs Alexander, the President, was in the chair.

Letters from Dr. Neatby and Mrs. Pope were read expressing their thanks for the messages of condolence sent them by the Society at its last meeting.

There being no further business, Dr. STONHAM then read a paper on "Tellurium." Provings of tellurium, by Hering, Dunham, Rane, Kitchen and others, were given, and the correspondence between these and their therapeutic application was shown by the citation of clinical cases. The correspondence between the pathogeneses of *tellurium* and *radium* was dwelt upon, and a case read in which *tellurium* apparently cured a radium burn. In the discussion following the paper, Drs. Clarke, Blackley, McNish and the President took part.

Dr. DAY then read before the Society an account of "Various Derelict Cases." These were seven in number and were all cases which, having been given up as hopeless by other hospitals, had applied for treatment at Dr. Day's clinic at the London Homœopathic Hospital, and had been cured or very greatly benefited. Several of the cases were exhibited. The first case was one of a tubercular ulcer over the right knee which in the space of a month healed under *tuberculinum* 30 and *arsen-iod.* without any local treatment. The second case was one of tubercular peritonitis, and the third one of tubercular disease of the bones of the leg, in both of which *tuberculinum* 30 and *arsen-iod.* were the main remedies employed. The fourth was a case of vomiting of two years standing in a child of arrested development, and was cured by *ipêcac.* 3x and *nux* 12. The fifth and sixth cases were examples of epilepsy of long standing, in both of which *belladonna* was the principal remedy. The attacks were in each instance kept off for long periods and much diminished in intensity, besides a great improvement taking place in the general health of the patient. The last was an example of

nervous symptoms occurring at puberty and cured by *pulsatilla*, *ipêcac.*, *anacardium*, and *calcareæ phosphorica*. Drs. Goldsbrough, Clarke, Stonham, Burford, Cooper and McNish joined in the discussion that followed.

### BRITISH HOMŒOPATHIC CONGRESS.

THE meeting of Congress will be held this year in London, at the London Homœopathic Hospital, with the kind permission of the Board of Management, on Friday, July 3, at 10 a.m. The usual circulars will be by this time in the hands of all homœopathic practitioners.

### BRITISH HOMŒOPATHIC ASSOCIATION.

SUMMER SESSION, MAY—JULY, 1908.

A Post-graduate Course of Lectures in the practice of Homœopathy will be delivered at 5.30 p.m., at Chalmers House, 43, Russell Square, W.C., beginning on Tuesday, May 12.

Dr. Stonham will lecture on "Materia Medica," Dr. Dyce Brown will lecture on "The Digestive Organs," Dr. Clarke will lecture on "The Treatment of Tumours by Medicine, with Special Reference to the Nosodes of Cancer."

The dates of the lectures are as follows :—

Tuesday, May 12, Dr. Dyce Brown, "The Digestive Organs."

Friday, May 15, Dr. Stonham, "Graphites and Petroleum."

Tuesday, May 19, Dr. Dyce Brown, "The Digestive Organs."

Friday, May 22, Dr. Stonham, "Plumbum and Stannum."

Tuesday, May 26, Dr. Dyce Brown, "The Digestive Organs."

Friday, May 29, Dr. Stonham, "The Serpent Poisons, especially Lachesis."

Tuesday, June 2, Dr. Dyce Brown, "The Digestive Organs."

Wednesday, June 3, Dr. Clarke, "The Treatment of Tumours."

Tuesday, June 9, Dr. Dyce Brown, "The Digestive Organs."

Wednesday, June 10, Dr. Clarke, "The Treatment of Tumours."

Tuesday, June 16, Dr. Dyce Brown, "The Digestive Organs."

Wednesday, June 17, Dr. Clarke, "The Treatment of Tumours."

Tuesday, June 23, Dr. Dyce Brown, "The Digestive Organs."

Wednesday, June 24, Dr. Clarke, "The Treatment of Tumours."

Tuesday, June 30, Dr. Dyce Brown, "The Digestive Organs."

Friday, July 3, Dr. Stonham, "Belladonna."

Tuesday, July 7, Dr. Dyce Brown, "The Digestive Organs."

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#### ERRATUM IN MAY NUMBER.

IN the Obituary Notice of Dr. Pope will be found, at p. 309, and at the end of the second paragraph, "raising the feelings," &c.; "raising" should have been "voicing."—(EDS. *B.H.R.*)

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#### LONDON HOMŒOPATHIC HOSPITAL.

H.R.H. THE PRINCESS LOUISE (Duchess of Argyll) has graciously consented to open the Garden Fête and to receive purses of Five Guineas in aid of Sale of Work to be held at 11, Kensington Palace Gardens, by kind permission of Mr. R. W. Perks, M.P., on Tuesday, June 23 next, being organized by the Ladies' Guild in aid of the Building Extension Fund of the London Homœopathic Hospital, Great Ormond Street, W.C. Donations, gifts of work, or applications for tickets (2s. 6d. each), should be sent to the Honorary Secretary, Mrs. Holman, 55, Talbot Road, Highgate, N.

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THE EARL CAWDOR, Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received the transfer of £500 Consols, bequeathed to the Hospital by the late Mr. George Fielder.

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THE Treasurer has also received the sum of one thousand guineas for the endowment of a Bed in the new extension in memory of Dr. George Napoleon Epps from his daughters and sons.

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## BRITISH HOMŒOPATHIC CONGRESS, 1908.

*President.*

JOHN MURRAY MOORE, M.D.Edin. (Leamington).

*Vice-President.*

THOMAS GEORGE STONHAM, M.D.Lond. (London).

*Hon. Secretary.*

D. DYCE BROWN, M.D.

*Hon. Treasurer.**Hon. Local Secretary.*

CHARLES KNOX SHAW, M.R.C.S.

*Council.*

The PRESIDENT.

The VICE-PRESIDENT.

The RETIRING PRESIDENT.

The HON. TREASURER.

The HON. SECRETARY.

The HON. LOCAL SECRETARY.

GEORGE BURFORD, M.B.

GILES GOLDSBROUGH, M.D.

J. GALLEY BLACKLEY, M.B.

E. A. NEATBY, M.D.

29, SEYMOUR STREET,  
 PORTMAN SQUARE, W.,  
 May, 1908.

DEAR SIR,—The Annual Congress will be held this year in London, at the London Homœopathic Hospital (by the kind permission of the Board of Management), on Friday, July 3.

The Presidential Address will be delivered at 10 a.m. punctually, by J. Murray Moore, M.D.Edin., entitled "Fore-shadowings of Homœopathy, from Hippocrates to Hahnemann."

Any strangers, ladies as well as gentlemen, who may desire to hear the President's Address will be welcome.

A short interval, after the conclusion of the address, will be occupied by the Hon. Treasurer in receiving the Members' subscriptions. During this procedure the Council have arranged that the Minutes of the Congress shall be presented for approval.

A paper will then be read by E. A. Neatby, M.D., Physician for Diseases of Women to the London Homœopathic Hospital, entitled, "The Bearing of Modern Pathology on the Treatment of Cancer."

The second paper will then be read by James Johnstone, B.A., M.B., C.M., D.P.H.Aberd., F.R.C.S.Eng., Assistant Physician for Diseases of Women to the London Homœopathic Hospital, entitled, "The Modern Treatment of Cancer."

The Congress will adjourn for luncheon, at 1 p.m., to

the Holborn Restaurant. The homœopathic practitioners in London and the neighbourhood invite the other Members of Congress to be their guests on this occasion.

The Congress will re-assemble at the London Homœopathic Hospital at 2.15 punctually, when the third paper will be read by Thomas Wesley Burwood, L.R.C.P.Irel., L.M.Dub., L.R.C.P.Edin., Consulting Physician to the Ealing and West Middlesex Homœopathic Dispensary, entitled, "The Homœopathic Treatment of Cancer."

The discussion on all the above three papers together will then be held.

After the discussion is concluded, about 4 p.m., the Congress will take up the formal business, viz., the election of the President and the other officers for 1909, and any other business that may be competent. This will conclude the proceedings.

The Congress will then be entertained at afternoon tea, at the kind invitation of the Board of Management of the Hospital.

The Members with their friends, ladies as well as gentlemen, will dine together at the Holborn Restaurant at 7 p.m.

The Subscription to the Congress is, as usual, 10s. 6d., including the dinner. A dinner ticket alone, *for guests only*, is 7s. 6d. (exclusive of wine).

*The Council have unanimously resolved that all who reply on the post card sent that they intend to be present at the Congress, and who do not by letter or telegram, received not later than the morning of the Congress (Friday, July 3), state that they are prevented unexpectedly from being present, will be held responsible for the amount of subscription (10s. 6d.). This is held to be necessary to complete the arrangements and to prevent difficulties which have arisen at former Congresses, owing to want of care and foresight.*

It will be noted, and will be duly intimated by circular, that the Annual Meetings of the British Homœopathic Society will take place on Wednesday evening, July 1, and on Thursday, July 2, the two days preceding the Meeting of Congress.

Should you know of any colleague who has not received this circular, will you kindly let me know.

The post card sent is to be filled up and returned to me as early as possible, *but not later than June 15*. Of course, if any colleague cannot make his arrangements so early, the post card will be received up to the day of the meeting, but it is earnestly hoped that all will return the post card as early as possible, as arrangements for the lunch and dinner are much facilitated thereby.

I remain, yours very truly,

D. DYCE BROWN,

*Hon. Sec.*

P.S.—Any Member of Congress who wishes to arrange for a bedroom will please communicate with the Hon. Local Secretary, Mr. C. Knox Shaw, 19, Bentinck Street, W.

#### FELIXSTOWE NURSING HOME.

AN attractive and up-to-date nursing home has been opened at Felixstowe on the sea-front, and with a southern aspect. It has delightful balconies, thus enabling patients to get plenty of sea air and sunshine. It is managed and staffed by experienced and qualified nurses, and is furnished and fitted with every convenience. It is highly recommended by the Lady Superintendent of the London Homœopathic Hospital, and the address is, Felixstowe Nursing Home, Sea Road, Felixstowe.

#### THE BURNETT FUND.

THE Honorary Secretary of the above Fund wishes to acknowledge the receipt of the following amounts during the past month : From Mrs. Butler, £1 1s. ; from Dr. Clarke, £4 4s., being the amount of lecture fee ; from the publication of "The Life of Dr. Burnett," 8s. 4d.

#### SUMMER COURSE OF LECTURES IN LONDON.

THE Summer Course of Lectures on Homœopathic Materia Medica and on Practice of Medicine has now begun. It may not be amiss to state for the information of those who are not aware of the fact, that these Lectures, delivered by Drs. Dyce Brown, Clarke, and Stonham, are volunteered by them without fee.

### NOTICE TO CORRESPONDENTS.

\*.\* *We cannot undertake to return rejected manuscripts.*

**All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.**

**AUTHORS and CONTRIBUTORS** receiving proofs are requested to correct and return the same as early as possible to Dr. MCLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

**LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.**—Hours of attendance : **MEDICAL** (In-patients, 9.30 a.m. ; Out-patients, 2 p.m. daily) ; **SURGICAL**, Out-patients, Mondays, 2 p.m., and Saturdays, 9 a.m. ; Thursdays and Fridays, 10 a.m. ; Diseases of Women, Out-patients, Tuesdays, Wednesdays, and Fridays, 2 p.m. ; Diseases of Skin, Thursdays, 2 p.m. ; Diseases of the Eye, Mondays and Thursdays, 2 p.m. ; Diseases of the Throat and Ear, Wednesdays, 2 p.m., Saturdays, 9 a.m. ; Diseases of Children, Mondays and Thursdays, 9 a.m. ; Diseases of the Nervous System, Thursdays, 2 p.m. ; Operations, Tuesdays and Fridays, 2.30 p.m. ; Electrical Cases, Wednesdays, 9 a.m.

Contributors of papers who wish to have reprints are requested to communicate with the Publishers, Messrs. BALE, SONS AND DANIELSSON, LTD., who will make the necessary arrangements. Should the Publishers receive no such request by the date of the publication of the REVIEW, the type will be broken up.

All books for Review should be sent to the Publishers.

Papers and Dispensary Reports should be sent to Dr. MCLACHLAN, 3, Keble Road, Oxford.

Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from Dr. WYNNE THOMAS (Bromley), Dr. J. H. CLARKE (London), Dr. DYCE BROWN (London), Dr. J. GALLEY BLACKLEY (London), Dr. GRAVES (Hull), Dr. PURDON (Croydon), Dr. NEWBERY (Plymouth), Dr. THOMAS SIMPSON (Southport), Dr. PAUL TESSIER, Dr. R. S. COPELAND (U.S.).

### BOOKS AND PERIODICALS RECEIVED.

*St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate*

# THE BRITISH HOMŒOPATHIC REVIEW.

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JULY, 1908.

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## Editorial.

### A CALL TO ACTION.

WHAT has practically arrested the national expansion of British homœopathy, so expected and desired? The entire lack of an adequate national organization. What has limited the progressive extension of homœopathy in the provinces, and caused homœopathic settlements in new places to be few and far between? The isolation and detachment of professional lives, and the lack of effective backing and support from a central body continued until the new departure is an assured success. What has allowed the homœopathic hospitals north of the Trent to be limited to one—and not even one in Scotland, or one in Ireland? The water-tight compartment system in which homœopathic institutions have allowed themselves to be condemned to live.

Dr. Gibbs Blake, many years ago, foretold a possible decadence of homœopathy, if one danger were not averted, and pointed out the rock ahead. He anticipated that homœopathy might drift into a form of specialism confined to a few large towns, leaving the country as a whole relatively non-provided. Present developments justify this sagacious warn-



ing. *The drift into the great towns has begun; the provinces, unless we are up and doing, will starve.* More than this, natural selection tends to bring, individually, the best men from the provinces to the great cities. The country provides, and always has provided, a large proportion of the best men in town. And unless means, early and effective, are taken to maintain provincial progress and life so as to allow this natural selection, unless care is taken to renew the sources which provide our best brains, the result will be disastrous. Provincial and urban settlements alike will dwindle and thin out. This, then, is the first problem of the British Homœopathic Association : to staff new provincial settlements.

This at once leads back to the adequate provision of men. As in the earlier stages of individual careers the question becomes two-fold—that of education and that of settlement. First as to education.

For some years past, all systematic professional homœopathic education in the country has been carried on under the auspices of the British Homœopathic Association. Now a great advance has recently been made; the appointment and working of a Conjoint Committee of Association and Hospital to conduct the academic and the clinical sides of homœopathic teaching. The next great step will be for the inclusion of other homœopathic hospitals in other university towns in this Conjoint Committee. Much preparation may be necessary, some time may be required for arrangement, *but this is an ideal that can and should be realized.* Hitherto the Association has provided travelling scholarships for the most promising of the younger men, in the United States. It will continue to do so until British arrangements are further advanced, for in this way homœopathic professional teaching is obtained *in excelsis.*

Education being completed, the remaining part of this problem is settlement. This is the climax up to which all prior work leads. In the interests of national homœopathy it is much to be desired that a Settlement Bureau be established, where a knowledge of the facts of each case might be obtained, fitting advice tendered, and the quarters from which tangible assistance might be advanced indicated. A central Bureau, charged to promote provincial settlements, with a knowledge of special needs, and the adaptation of special men to them, with a personal interest in a start in life of members of the homœopathic profession, could not but be of enormous practical value to bring together the homœopathically inclined laity and educated professional men; such a central Bureau should make the case clearer and the decision easier. This, as a matter of fact, has been done in a quiet and unofficial way by the Association; but a larger sphere of usefulness waits on a fuller organization.

Look at the next great task lying to hand—the institution of new Homœopathic Cottage Hospitals in suitable parts of the country. How many large towns, being old-time homœopathic centres, are devoid of a hospital service for homœopathic patients? The number is lamentable. Homœopathy is what its hospitals make it; and an increasing hospital system is of the first importance. The initiative, the counsel of experience, and the early financial backing—these are the functions of a head centre such as the Association, which should push the hospital question to the very forefront of practical homœopathic politics. Why should the provinces wait?

And the list may be further amplified. The conduct of drug provings, the endowment of original research in medi-

cine, the provision for what is in the inevitable future—a British College of Homœopathy—these and other necessary activities are all linked up into a unified whole by the combining power of the British Homœopathic Association.

Now, for these scientific and humanitarian forms of work money is required, and required in quantity. £2,000 per annum, over and above the capital sum needed for investments, constitute the minimum financial material for the Association to do all-round effective work with. But over and above financial aid, a whole army of sympathetic workers, professional and lay alike, is needed for extension work. Our cause is humane, our basis scientific; and why should not our future be assured? He doubles his gift who gives at once: and this question should be pressed home in homœopathic circles throughout the land—Why should the provinces wait?

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### Editorial Notes and News.

\*.\* The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

It is only during the last few years that **Quantitative Test for Acetone.** the significance of the presence of *acetone* in the urine of patients suffering from diabetes, tetany, vomiting, diarrhœa, poisoning from anæsthetics (especially chloroform) has been understood (see vol. i., p. 447 *et seq.*). To test for it qualitatively is fairly easy (see vol. i., p. 251), and now a quantitative reaction is described by W. C. de Graaf. A measured quantity of urine is distilled in a suitable flask until the bulk has been reduced to one-half. To this reduced bulk add half its volume of distilled water. Next add a solution of 0.5 gramme paranitrophenyl-hydrazine dissolved in a 30 per cent. solution of

acetic acid. A heavy, flocculent precipitate of acetone-para-nitrophenyl-hydrazone comes down. The precipitate is filtered off, washed with distilled water, dried at  $100^{\circ}\text{C}$ ., and weighed. Every 0.193 gramme of the precipitate corresponds to 0.058 gramme of acetone.

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**Nitroglycerine** in the treatment of neuritis is advocated by Burton Stevenson in the *Medical Record*. He reports on thirty-two cases of neuritis treated in this manner. Of these, no fewer than twenty were traced to influenza as a cause. Cases of neuritis due to pressure or injury are not included. *Nitroglycerine* was administered to the thirty-two cases in the following routine manner: "Beginning with  $\frac{1}{100}$  grain every eight hours, the interval was reduced one hour in every twenty-four until the full physiological action of the drug was manifest or the patient was taking  $\frac{1}{100}$  grain every three hours, at which interval it was continued. The disagreeable flushing and headache were controlled by small doses of *sodium bromide*. When an idiosyncrasy was marked, the interval between the doses was lengthened." The author suggests that *nitroglycerine*, by dilating the arterioles of the sheath and nerve, improves nutrition and hastens absorption of inflammatory deposits. As one would naturally expect, the results were most satisfactory in acute cases, *i.e.*, those of less than ten days standing.

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**Prejudice.** PREJUDICE is the quality which enables men to use each other, even to their injury. For illustration, agitators in labour unions could not induce working men to act against their own interests if the agitator did not work on the prejudices of the men.

In politics, medicine, and religion, prejudice is the lever used to constrain masses of men to follow in any given direction, or to give their support to a particular measure for the benefit of the few. It is easier to work on the prejudices of people than to instruct and convince them by means of logic. Prejudice blinds men and makes them susceptible to any influence the agitator desires to exert. The dishonest

man always chooses this method of governing men, in preference to logic.

All men have a certain amount of prejudice, just as all have a strain of superstition. It is part of our humanity. The more ignorant a man is the more open is he to arguments which appeal to his prejudices. The educated man strives to lift himself above the clouds of prejudice by thinking, investigating, and studying things for himself. He follows no leader, but seeks to inform himself by reading all sides of a question, and weighing the matter in his own mind.

Organizations are usually swayed by some one or two men, who seek to advance themselves, and are able to wield great power by well-planned efforts to prejudice those under their control, for or against certain things.

There is no such thing as liberty for the man who submits to the domination of prejudice. He is bound to be the tool of others. But he has the choice open to him, whether he will remain a catspaw, an ignorant tool, or whether he will be his own master, and raise himself from the bog of ignorance into the light of knowledge, where he can see and judge for himself, and where, alone, security is to be found.—Editorial in *Medical Brief*, June.

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**"Typhoid Carriers."**

It has been shown that persons who have suffered from typhoid fever, and who have recovered, may continue to be a source of infection to others in at least three ways.

These are :—

(1) By the persistence of purulent discharges containing typhoid bacilli long after the disappearance of the typhoid fever; for example, sinuses after operation for typhoidal empyema of the thorax, empyema of the gall-bladder, otitis media, and so forth.

(2) By the persistence of typhoid bacilli in the urine after convalescence is well established.

(3) By the persistence of typhoid bacilli in the stools.

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**Retro-pharyngeal Abscess.** RETRO-PHARYNGEAL abscess is a child's disease, and is most frequently met with in infants. It entails a certain number of functional disturbances, the most important being *dysphagia*, *respiratory troubles* (snoring, persistent

dyspnœa with retraction above and below the sternum, paroxysmal dyspnœa, &c.), *changes in the voice*, which becomes nasal and acquires a peculiar timbre (duck's voice, so named by Duparque and Labric), and *stiffness of the neck*. All these symptoms vary somewhat according to the seat of the abscess; in abscesses situated high up the snoring and change in the voice are well marked, but there is little dyspnœa. Those occupying a median situation, which are most commonly met with, cause changes in the voice, dyspnœa and acute dysphagia, while abscesses lower down are accompanied by very intense dyspnœa which may determine death from syncope.

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#### **Sciatica.**

SOME time back Dr. William Bruce drew attention to the relation between sciatica and hip-joint disease, and put forward the view that in a large number of cases, presenting all the symptoms of sciatica, careful examination would reveal some morbid condition of the hip-joint, often of a chronic rheumatoid nature. This proposition has found a further advocate in Dr. W. Ironside Bruce, who has recently delivered a paper on the subject before the Medical Society of London. He has demonstrated the truth of this theory by radiographs, which clearly showed articular changes in five out of twelve cases of sciatica observed by him. He points out that in early cases the inflammatory changes in the joint may be so slight that a radiograph would not clearly demonstrate them. It is a recognized fact that tuberculous disease of the hip-joint is frequently associated with pain, referred to the knee-joint, owing to the identity of nerve supply by the obturator nerve, and it seems highly probable that other inflammatory conditions of the hip-joint would in the same way initiate referred pain in neighbouring parts. Many cases of so-called sciatica are accompanied by wasting of the gluteal muscles, and as these muscles are not supplied by the sciatic nerve, the supposed neuritis of this nerve does not explain the phenomenon. Moreover, it is maintained that many intractable cases of so-called sciatica develop into definite cases of chronic rheumatism of the hip-joint. The deep-seated position of the joint makes an early diagnosis often difficult. Unfortunately,

when the condition is clearly distinguished and diagnosed, the patient is not much better off, for there are few conditions more intractable to treatment.—*The Hospital*.

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**Homœopathy in Brazil.** We are glad to find that homœopathy is flourishing in Brazil, the country in which Mure did such brilliant propagandist work.

From a little book just published by Dr. Nilo-Cairo we find that there are sixty-six homœopathic doctors in Brazil, all of whom are fully qualified according to the requirements of the allopathic faculties. Thirty-five of these practise in Rio-de-Janiero, ten in the province of St. Paul, six in Rio, five in Rio-grande du Sud, and the remainder in other provinces. Besides the five fully qualified homœopathic practitioners in Rio-grande du Sud, there are eighty-one licensed to practise by the State Department of Hygiene. There are numerous homœopathic pharmacies, forty-one in all, of which twenty-one are in Rio-de-Janiero; two homœopathic societies, the most important being the Hahnemann Institute of Brazil, of which Dr. Joachim Murtinho is President; five homœopathic journals; and five of the hospitals of Rio have beds allotted to homœopathic treatment, numbering respectively 34, 37, 18, 60 and 40 beds, in all 189.

All this is very encouraging, and as Brazil is likely to make enormous progress in the next fifty years, both in population and wealth, we hope that, starting from its present favourable position, the development and progress of homœopathy in Brazil may keep well abreast of that of the material advance of the country.

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**Pink Urine.** THE urine of patients is sometimes of a very abnormal colour, and this may be due to various causes. Thus it may be blue from the ingestion into the stomach of methylene blue given medicinally or taken accidentally. Sometimes it is of a bright red colour. This may, of course, be caused by the presence of blood. But the *Journal of Clinical Research* for May mentions another cause. Some cases

have been recorded in which this colour has been due to the eating of pink sweets, in which the colouring matter used by the confectioner has been eosin. The eosin is passed in the urine almost unchanged, and it depends on the number of pink sweets eaten how red the urine will be. The urine begins to be tinged with the red colouring matter within an hour of the sweets being eaten, and it may remain coloured the rest of the day, and possibly the next. The urine is often slightly opaque, red, and fluorescent in certain lights. The best test for the pigment is the spectroscopic one. The condition is a harmless one. The urine may also be of a pink, magenta, or brownish colour, from the presence in it of hæmatoporphyrinuria. This is generally owing to intoxication by sulphonal or trional, but is occasionally due to other causes.

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**Boracic Acid in Cream.** WE note with satisfaction that a grocer carrying on business in Westminster, and who was fined for selling as cream what was, in fact, cream mixed with boracic acid, has failed in his appeal to the High Court of Justice against his conviction. It appears that the cream was mixed with 0·313 per cent. of boracic acid and sold in pots labelled "Windsor Cream Company, London Office, 7, Grafton Yard, Hampstead Road, N.W. Rich cream. This cream contains a small percentage of borax preservative to retard sourness. Perfectly delicious."

The Lord Chief Justice held that the label did not sufficiently indicate the composition of the mixture, and did not afford proper protection to the purchaser who bought it as cream *simpliciter*. How injurious boracic acid may sometimes prove is shown by the case of exfoliating dermatitis reported by Dr. Blackley in last month's BRITISH HOMŒOPATHIC REVIEW. A mechanical engineer, the subject of chronic prostatitis, had been in the habit of drinking freely at times of barley water or lemonade containing boric acid, and developed, in consequence, a severe attack of dysidrosis in the palms of both hands and in the soles of the feet. The injury frequently done to children who take milk adulterated with boracic acid is well known. Yet the Local Government



Board has laid down the rule as to milk, that boracic acid not exceeding 40 grains per gallon is not injurious to health. A child taking two pints of this milk daily would be dosed with 10 grains of boracic acid, and this is allowed and declared to be not injurious by the Government Department, which has especial charge of the health of the people !

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**Anaphylaxy.** ANAPHYLAXY is the name given by Professor Ch. Richet to the condition of lessened resistance to the action of toxic substances caused by repeated doses of them. It is the opposite to mithridatism. This phenomenon is very plainly observed with the venom of the sea-anemone. This poison is extracted from the nematocyst cells which form a microscopic secretory and inoculating apparatus for this species of Coelenterates, which, though fixed to the rock, by means of this organ obtains possession of the prey which passes by. This poison has been called *congestin* by M. Richet, because of the intense congestion which it produces in all the abdominal viscera, but especially in the intestine. Analogous poisons can be extracted from the bodies of many marine animals, such as mussels, for example. The minimum fatal dose of congestin for a dog is 0.075 gramme per kilogramme of body-weight. A larger dose causes diarrhoea, tenesmus, and a great fall of temperature ; finally bloody stools, and still greater fall of temperature, and death in about three days. Recovery takes place from a smaller dose. If one of the dogs that have recovered from an intoxication by active congestin is injected with only one-twentieth of its former dose, grave symptoms of poisoning immediately follow, and if this second dose should be as great as only one-seventh of the primary dose, the result will be fatal. The length of duration of this condition of increased susceptibility, or anaphylaxy, varies with the different poisons producing it. With actino-congestin, the poison of the sea-anemone, it is at its height on the fortieth day, and lasts at least two and a half months. To the period of anaphylaxy succeeds a period of immunity.

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THE Hampstead Hospital appointments **Ethics amongst the Allopaths.** dispute is keeping the Central Ethical Committee of the British Medical Association very busy. They have issued a report on the "Ethical aspects of disregard of the warning notice of the Hampstead Division." It appears that when the late staff of the Hampstead Hospital resigned in a body because the Council of the Hospital decided that in future the Hospital staff should consist of consultants instead of general practitioners in the neighbourhood, the Hampstead Division of the British Medical Association issued a "warning notice" in the *British Medical Journal*, requesting medical practitioners not to apply for the vacant appointments to the Hampstead Hospital without first communicating with the Hon. Secretary of the Hampstead Division or with the Medical Secretary of the British Medical Association. To disregard a "warning notice" of this kind is an ethical crime. Nevertheless, this crime has been committed by Sir John F. H. Broadbent, Bart., M.D., Mr. J. Jackson Clarke, F.R.C.S., Mr. Edmund Owen, F.R.C.S., and Mr. G. A. Sutherland, M.D., all of whom have applied for and accepted posts at the Hampstead Hospital in flat disregard of the "warning notice" issued by the Hampstead Division. Piquancy is added to the situation by the fact that one of these criminals, Mr. Edmund Owen, is Chairman of the Council of the British Medical Association. No wonder there is a flutter in the camp. Will the offending gentlemen be required to resign their posts? And if so, and they prove recalcitrant, what will happen then? We await developments with interest.

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**Specialists and Pseudo-specialists.** WHILST the enormous advances in the non-curative medical sciences of recent years have compelled the sub-division of their subjects, and relegated these into the hands of experts, we must not forget that there are specialists and specialists. We have first to confess with gratitude the admirable help derived personally from many of these in difficult cases—and we know that most of our readers will acknowledge the same help from those whose special studies and experience have qualified them to give advice in such

cases; yet there exists another class of specialists in whom it is impossible to place such confidence. Happily their methods have not penetrated into the little body of specialists who combine a knowledge of homœopathy with that of their special subjects. But they, nevertheless, sit in the seats of the learned, their consulting-rooms are in that holy circle of which Harley Street is the centre, and they rake in their guineas and command a large and fashionable *clientèle*. Their practices not being maintained by natural means—that is, by curing their patients—other methods have to be adopted to keep up the supply. And these methods are eminently successful. Patients are given little books and pamphlets explaining how startling cures are effected by novel and simple methods, related in approved medical jargon. Whilst their professional brethren are treated to lavish hospitality, and occasionally receive reprints of papers on the special subjects they affect. These reprints may swell into fair-sized books, and by the wealthy of this class have been sent broadcast to every practising member of the profession in the country. A very expensive, but doubtless remunerative method of advertising, wholly in keeping with modern developments of that science.

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**How Pseudo-specialists are Made.**

SUCH men usually begin their career by obtaining a junior appointment at a large London hospital. They there develop their specialism by attempting some more or less original work in a department of pathology or physiological chemistry. One for example, may make a minor discovery in the microscopical study of diseased tissue, such as the lung in tuberculosis, or the bacilli associated with this disease. He promptly aspires to a position as specialist in diseases of the chest. Another makes some laboratory investigations with test-tubes into the behaviour of uric acid or its congeners in chemical compounds, and this is supposed to justify his assuming the rôle of a specialist in gout. Another—and this is the worst example—"discovers" from homœopathic works some drug used by ourselves, perhaps for half a century, in the treatment of some special condition, and he becomes a specialist for this malady on the strength of his alleged dis-

covery. The method adopted for obtaining publicity is in each case the same, that is, to write papers on these subjects and either read them at the more important society meetings, or publish minute accounts of their experiments in the medical journals. These having attracted sufficient attention, it behoves our budding expert to next open consulting-rooms in the neighbourhood of Harley Street and advertise the fact as widely as possible—which is just so far as the codes of medical ethics laid down by the medical societies permit. So these specialists are launched to swim where many better men have foundered.

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**The Abuse of Specialism.** THE result of this process is that men who have had little or no experience of private practice, who know no more than their neighbours—and frequently less—on the subjects in which they have “specialized,” parade themselves as experts, and reap the fruits that should accrue only to exceptional experience and skill in treatment. The honours and high fees they receive belong rightly to those who have proved their ability by successes in diagnosis, prognosis, and last, but not least, in cures of difficult cases. Instead of which, some unimportant and frequently useless investigation, having little or no bearing upon the welfare of patients, is made the basis upon which a career of financial and professional success is supported. Such pretensions are little short of fraudulent, and would not be tolerated in other professions. From examples of the advice and treatment given by some of these gentlemen, we should say that their patients would have done far better in the hands of any capable general practitioner. One case we recall, of general gout, had been promised a cure if a mixture of *nux vomica* and *soda* prescribed by this “leading authority” on the subject were taken for long enough! For those who by years of special study and experience in Continental hospitals and elsewhere, combined by original investigations into some department of medicine bearing upon treatment, have qualified themselves for the giving of special advice to the general practitioner in the conduct of perplexing cases, we have nothing but praise and thankfulness.

AN enthusiastic student of homœopathy  
**A Good Answer** —a layman—recently showed us the follow-  
**for Homœopathy.** ing reply he had written to “a beginner in  
homœopathy, who was suspicious of even  
a homœopath’s drugs, and who did not like drug treatment  
at all.” So terse and forcible an argument deserves perpetuat-  
ing in our pages :—

“ Drug treatment: every time you eat or drink, you are ex-  
periencing drug treatment! If man is a storage battery, which  
seems likely, Nature’s way of charging the battery is through the  
digestive apparatus. Food that agrees contains the ingredients  
that make for health; lime, potashes, acids—heaven knows what!  
When drugs are taken in crude form they act in two ways, one  
direct, one reflex. The “homœos” cut out the direct action, and  
charge the battery with the reflex action, which hints or suggests  
to the battery how it should carry out Nature’s wishes. Why  
drugs chosen on the homœopathic law cure, nobody knows. That  
they do cure, facts show. The contrast between cholera treated  
homœopathically and allopathically is enough to show that the  
homœopaths have got hold of a real law of drug selection. And  
when you take a millionth of a grain of *nux vomica*, or what not,  
and it cures quickly and pleasantly, what is the use of rebelling  
against a law of Nature? As well refuse to travel by electricity,  
because one does not know yet what electricity is.”

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**Opsonic Treat-ment and In-finitesimal Doses.** ALTHOUGH Professor Wright’s method  
of treatment under the guidance of opsonic  
indices can hardly be claimed by us as  
strictly homœopathic, it being more correctly  
described as isopathic, nevertheless it affords striking and long-  
desired proof of the medicinal action of minute doses. It is  
no longer scientific to cavil at this, for on all sides evidence  
in the actual raising of the indices in various diseases is accu-  
mulating. To the fact that remedies homœopathic to the  
condition treated affect the index, abundant proof is forth-  
coming. In addition to the drug *echinacea*, referred to in  
our note on the subject last month, we find from a paper  
on “The Infinitesimal Dose in Modern Therapeutics,” in the  
*New England Medical Gazette*, that Professor Matters has made  
a series of careful examinations of the opsonic index and the  
reaction of the colon bacillus. Together with Dr. Schenck,

he treated a case of chronic diarrhoea by hypodermic injections of *natrum sulph.* This, of course, is a drug essentially homœopathic to diarrhoea. It was found that the reactions of the index were very pronounced after administration of the remedy. The gradual accumulation of such facts as these is of extreme value to homœopathy, demonstrating, as it does, by the microscope, the medicinal effect of the specific homœopathic drug. Unfortunately the doses used in this case are not mentioned.

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**Western Counties  
Therapeutic  
Society.**

THE summer meeting of this Society was held in London on June 3. By kind invitation of their London colleagues the provincial members were entertained at dinner at the Great Central Hotel. Owing to various causes the number attending from the country was smaller than usual. Amongst other business matters transacted we noted that a vote of sympathy was unanimously passed at the sad news of Dr. Madden's death, to be transmitted to his widow. Also that a sum of £10 in the Treasurer's hands was to be handed to Dr. Burford for the special research work of the British Homœopathic Association, in which Dr. Wheeler is at present engaged. It was decided to hold the autumn meeting of the Society at Bournemouth. Much regret was expressed at Dr. A. Speirs Alexander's unavoidable absence, and it was agreed to postpone the reading of his paper to the next meeting. The paper read and discussed was by Dr. Dudley A. Wright ; it is given in full on another page.

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WE are delighted to offer our warmest congratulations to our colleague Mr. Knox Shaw, on the brilliant appearance of his second son, Mr. Thomas Knox Shaw, in the Cambridge Mathematics Tripos List of this year. Mr. Thomas Knox Shaw has achieved the high distinction of fourth wrangler. Our memory recalls so eminent a mathematician as Bishop Colenso gaining similar honours, and we wish every success in life to this gifted son of our distinguished colleague, who had in his eldest son another wrangler of high distinction last year.

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## Original Articles.

### ELECTROLYTIC METHODS IN MEDICATION.<sup>1</sup>

By DUDLEY A. WRIGHT, F.R.C.S. ENG.

*Surgeon to the London Homœopathic Hospital.*

THE subject which I am bringing forward to-night is not a new one, but I desire to briefly lay before you some of the recent advances in the treatment of local diseases which this method has produced.

You are doubtless all aware that it is possible to introduce, by means of a galvanic current, various drugs into the body tissues, and though most of you are acquainted with the physical factors which take place in this action, it will, I think, add to the clearness of my remarks if I preface them with a short statement of the principles upon which this method of treatment is founded.

When a salt is dissolved in a solvent such as distilled water, a proportion of the molecules of the salt is in a state of dissociation, or ionization, as it is called. It has been found that the greater the dilution the greater is the proportion of free active ions, a fact, by the way, which has probably an intimate relation with the active properties of the higher attenuations of the homœopathic *Materia Medica*. These free ions are the carriers of positive and negative electricity, and if an electric current be passed through such a solution these ions will travel towards the pole which represents the charge opposite in character to that which they hold, in accordance with the well-known law of electric repulsion and attraction.

In such solutions of a salt we may usually say that the metal ion carries the positive charge, and the acid ion the negative charge. If, for example, we take a solution of magnesium sulphate and pass a current of electricity through it, we shall have all the magnesium ions with their positive charge passing from the positive to the negative pole, whilst the  $\text{SO}_4$  ions will go in the reverse direction.

In the tissues of the human body the action is the same;

<sup>1</sup> Read at the London Meeting of the Western Counties Therapeutic Society on June 3.

the electrical current is carried only by the migration of the ions of the various salts held in solution in the body juices.

The knowledge of these facts enables us to introduce at will into the tissues a number of substances. Thus, should we desire to drive zinc ions into any given area, we can do so by using a positive electrode, covered with lint soaked in a solution of chloride or sulphate of zinc, over the spot to be acted upon, the negative pole being placed on some indifferent part of the body. Whilst the current is passing, the metal ions will travel a short or long distance into the tissues, according to the strength of the current and the duration of its application. Of course, there is a limit to both of these factors, for the patient can only bear a certain amount and duration of current, but in practice it is found that in a ten minutes sitting the ions will have travelled some two or three millimetres into the tissues, a distance sufficient to act upon many local diseases.

I now come to the practical application of these points, and I will speak in the first place of the treatment of rodent ulcer with zinc ions.

In 1902, Professor Leduc, of Nantes, published a note on the cicatrization of a rodent ulcer at the angle of the nose, which had lasted for five years, after a single application of electrolysis with zinc. He used a 1 per cent. solution of zinc chloride on a pad of absorbent wool, using a zinc rod at the positive pole. He states that after a fortnight the ulcer had healed, except for a small spot in one corner, on which he repeated the treatment, with the result that the whole was cured.

His observation apparently attracted very little attention. Dr. Lewis Jones, of London, however, used the treatment with much success in several cases, and exhibited some of these at his lecture given at the Polyclinic last year, at which the writer was present.

Having a case of rodent ulcer under treatment at that time, I decided to try the zinc electrolysis method for it, and had the good fortune to cure it after three applications of about seven minutes each. This patient was exhibited at a meeting of the British Homœopathic Society last year, and as far as I can learn there has been no relapse in her case



up to the present time. Since then I have had the opportunity of treating two marked cases of the disease. One was that of an aged woman who was in the London Homœopathic Hospital in April last year, under Mr. Knox Shaw, for a large callous ulcer of the leg. She had also an extensive rodent ulcer at the angle of the mouth. The photograph, taken by Mr. Collings, gives a good idea of the size of the growth.

I applied the zinc treatment on three or four occasions myself, and I believe Dr. Granville Hey also applied it twice. After this the patient had to leave the hospital, and the treatment was discontinued.

Whilst in the ward there was only slight improvement, but it appears that since that time the growth has gradually declined, for the patient has been under Dr. Watkins's observation, and he has been so good as to furnish me with details of the case, and to send me a photograph taken two weeks ago. In a letter dated May 13, 1908, he says: "You will be interested to hear that the rodent ulcer in the woman whom you treated at the hospital has quite healed, but the scar contains a few small warty eminences." In another letter of May 24, in which he enclosed the photograph I now show, he says, referring to the portrait: "I am sorry that it has not come out better. Owing to the puckering and shadow, it looks as though there is still some ulceration, but this is quite an illusory effect, the wound having healed quite soundly."

This case illustrates a point which is frequently observed when this method is used, viz., that the healing action of the zinc continues for a long time after the application has been made, probably for some weeks.

Another case which I have treated with this method was that of an elderly gentleman sent to me by Dr. Cooper. He had a large ulcer at the side of the nose, which had perforated the ala nasi on that side. This patient had received a long treatment with X-rays from Dr. Ashton with much benefit, and it was after the latter's retirement from active practice that the patient came to me, and I am indebted to Dr. Ashton for particulars of this case.

I continued with the rays, and at the same time gave an occasional sitting of zinc electrolysis, and the ulcer has

gradually healed up with the exception of a small area on the inside of the ala, which I hope to entirely disperse.

In practising this method, I use a 2 per cent. solution of zinc sulphate, with a zinc wire electrode for the positive pole, around which two folds of absorbent wool have been wrapped. The electrode can be shaped to the size of the area to be treated, and having been soaked in the solution it is applied to the ulcer. A current of from two to three milliamperes to each square centimetre of ulcer can be applied, and the sitting varies from five to twelve minutes, according to the toleration of the patient. If much pain be produced, cocaine can be previously driven in by the same pole. For the negative electrode a sponge is very satisfactory, which the patient can hold in the two hands. The greater the palmar surface applied, the more current will pass, and the patient can thus, to some extent, lessen the amount of current should much pain be felt. This, however, is not usually a subject of complaint.

It may be mentioned that, when we use a zinc sulphate solution at the positive pole, the metal ions are separated from the sulphuric acid. Whilst the former travel from the pole into the tissues, the latter goes toward the zinc terminal, and these, uniting with fresh portions of the metal, form more zinc sulphate, which, consequently, replenishes that which has been used up from the pad.

In many cases, besides the actual ulcerations, there are present small rounded epithelial perles, especially in the skin around the ulcer. These often remain behind after the rest of the disease is cured, and they are best treated by using a piece of zinc rod, sharpened at its point, attached to the positive pole. This can be made to pierce each elevation, and a current of from two to three milliamperes is usually sufficient to destroy them.

In using the zinc rod to pierce the tissues, it must be remembered that the action of the positive pole is to cause a coagulation of the albumen with which it is in contact. Consequently the rod becomes somewhat adherent to the tissues, and if, after turning off the current, the pole be forcibly withdrawn, some bleeding will take place. This is to be avoided, and we can do this by reversing the current

for a moment, by which means the pole will be sufficiently loosened to enable it to be withdrawn without lacerating the tissues.

The salts of zinc appear to have a selective action on suppurative processes. When we apply zinc ointment or lotion to ulcerations of the skin, the action probably goes on through the dissociation of the metal ions, but of course this process is a slow one, and it is possible to bring about a rapid cure by using this phoretic method. Pustular eczema, according to Lewis Jones, is very amenable to this form of treatment, and doubtless many other varieties of suppurations could be cured in the same way.

For instance, I was able to bring about a rapid cure of a very long-standing case of middle-ear suppuration, with attic disease, by half a dozen applications of this method. The meatus was filled with the zinc solution, the patient lying down with the affected ear uppermost. A zinc electrode attached to the positive pole was surrounded with cotton-wool, and made to fit lightly into the meatus, the negative pole being a sponge placed in the patient's hand. A current of three milliampères was passed through for four minutes. The current had to be turned on and off slowly, as much giddiness was produced by rapid increase or decrease of its strength.

Other metals seem to have specific effects upon various local lesions. Thus Dr. Lewis Jones mentions three cases of multiple warts in which magnesium ions from a magnesium sulphate solution caused rapid disappearance. Further, he has shown that the introduction of copper ions into the patch of ringworm may be followed by the disappearance of the fungus, and the re-growth of the healthy hairs.

Attempts to find a specific element for the treatment of lupus have hitherto failed, though he states that he has arrested the disease in a few cases by driving in adrenalin ions from a solution of the hydrochlorate. He suggests, as a reason for the resistance of the electrolytic treatment manifested by the lupus patches, the fact that the tubercle bacilli contain from 40 to 50 per cent. of fat, and that this renders them non-conductors of electricity.

Lately, I have had under treatment a lady suffering from a parenchymatous goitre, who has received benefit from the introduction of iodine ions from a solution of potassium iodide. I used a pad, soaked in the solution, over the thyroid swelling and connected it with the negative pole. The case was by no means cured, but there was considerable diminution of the girth of neck after several applications.

Dr. Overall, of Chicago, has made use of this method in the treatment of chronic diseases of the urethra and prostate. For chronic gonorrhœa and gleet, he drives in the ions from a solution of argyrol from the negative pole. For this purpose he uses a special form of electrode, which I now exhibit. It is somewhat like a metal catheter, which is insulated completely, except over a small portion which in the ordinary position would rest in the prostatic urethra. This portion, besides being uninsulated, is also perforated with several holes which communicate with the central cavity of the shaft of the instrument. If an india-rubber bulb be placed at the other end, medicated fluids can be sucked up into the instrument in the same way as in a fountain-pen filler.

When the instrument has been passed into the urethra, and the uninsulated portion lies in the prostatic urethra, and the current has been turned on, pressure upon the india-rubber bulb will expel the contents of the catheter into the spot, and cataphoresis will occur. In this way the prostate can be treated, and the organisms which find lodgment there be more radically dealt with and reached than they could be by a simple injection.

I may say that I have used this treatment quite a number of times in cases of obstinate gleet and gonorrhœa, and I am very favourably impressed with its value, but I should like to mention another class of cases in which Dr. Overall has used it, namely, those very obstinate forms of chronic prostatitis met with particularly in gouty subjects.

This form of trouble seems to be of a particularly worrying nature to the sufferers from it, producing much irritation, and often a considerable amount of despondency and inability to concentrate their minds on their work. I have seen it occur several times in widowers, and presume that it is liable to occur as the result of the cessation of coitus. It is often of a

relapsing nature, and the patient may be nearly free from trouble for some months, at the end of which time it may reappear without any apparent cause.

Such conditions of chronic prostatitis Dr. Overall treats by electrolysis with *verbascum* and *thuja*, using the negative pole. These remedies are prepared as watery solutions with 5 per cent. of spirits of wine, though in the case of *thuja* 35 per cent. is required to make a proper solution. It is disadvantageous to have much spirits of wine in the solution, as the mucous membrane is apt to be irritated by it.

On account of its specific relations to the symptoms in these prostatic cases, Dr. Pullar suggested to me the local use of *staphisagria*, and I had prepared for me a 1 in 10 aqueous extract of the seeds of the plant, to which some thymol was added as a preservative. This preparation I have used with much benefit in a few instances, and in one I was able to compare the action of it and *thuja*, very much to the advantage of the former.

This method, I believe, opens out a large field for the local use of homœopathic drugs in disease of the skin and mucous membrane, and I hope that this paper may be the means of bringing forth a few suggestions from members of this society.

#### DISCUSSION.

Dr. ORD (Chairman) thought the paper of especial value and interest. That the ions of zinc and copper could be liberated to act locally on disease opened up a great field for treatment, but to homœopaths he considered the results from the use of *verbascum*, *thuja*, and *staphisagria* of very great importance, and he hoped many other drugs could be used in the same way.

Dr. PERCY WILDE was very interested in the results described, especially as he thought the treatment was on lines similar to that used by himself in electric baths. He wondered how much of the benefit was really due to the electric action of the ions, because one could not be sure, in the cases of organic compounds such as *staphisagria* and the others, what actually took place. It might depend, in the examples in which metallic salts and poles were used, merely

on chemical action. There was no actual proof yet of the theory of ionization, especially in the case of organic compounds.

Dr. JOHNSTONE thought the paper original and practical. He was struck by the statement that substances entered the tissues as "ions." He thought it doubtful whether this could be true of organic compounds such as *staphisagria*, though probably *zinc* was carried in that way. However, if cocaine anæsthesia could be produced by electrolytic action, he did not see why the true medicinal action of *staphisagria* and the other drugs mentioned should not be equally possible, which was what as homœopaths they all desired and hoped for. There were many diseases in which this method should be available. He thought of the uterus and cervical canal in which microbic and other disease processes were difficult to eradicate, and he hoped to make practical application of what they had heard on these lines.

Dr. MOIR was greatly interested in the paper. He had recently been asked if some such researches in cataphoresis could not be attempted, as to whether the homœopathic action of drugs could be obtained in that way. These results were just what were needed for us. Our position now was very different from that of fifty years ago. All later work tended to establish our position as homœopaths. The action of minute quantities in catalysis was very suggestive of homœopathy.

Dr. NICHOLSON was much pleased with the paper. He wondered if the organic substances used entered the tissues best by the negative or positive pole. That, he thought, was a subject for future research. Also, did the dilutions of homœopathic remedies act in the same way by the electrolytic method?

Dr. VINCENT GREEN did not see why *zinc* was chosen for the treatment of rodent ulcer; was it the electricity or the zinc that produced the cure? He thought perhaps some other metal would have done as well. He wondered whether the presence of zinc in the tissues could be proved after treatment.

Dr. BURFORD thought the paper might prove to be epoch-making in the history of homœopathy; it opened up a wide field of possibilities. He also wondered whether zinc ions

were actually present during the treatment. He would like to know if Mr. Dudley Wright had used *radium*, or had tried any radio-active body in his researches. Also could results by cataphoresis be obtained with the dilutions? This was an important question to them as homœopaths. The driving action of electricity on corpuscles acted only in high vacua, which corresponded with our dilutions. As an example he instanced a bottle full of nuts, which cannot be moved if packed closely together, but the fewer nuts the more easily they can be moved. It was so with the movements of corpuscles under electricity. But a time came when there were no nuts and consequently no movements, so that an infinite dilution would give no results. In radio-activity the thirtieth dilution can be proved to act under the electric current; and when no matter is present the entrance of a single atom can be detected by the action it produces. As to organic or inorganic substances being used, why should there not be two kinds of action to explain the curative effect which each undoubtedly produced? Compound substances might be carried into the tissues without decomposition; there was no need to think of simple ionization as being necessary for each.

Mr. KNOX SHAW was chiefly interested in the practical application of the method described, especially in the zinc ionization of rodent ulcer. He thought the choice of zinc as an electrode was because of its caustic chemical action, which was carried more deeply into the tissues by electrolysis. He had watched the case of rodent ulcer described by Mr. Dudley Wright with interest, about three milliampères of current being used. It was important to use a reliable galvanometer, as variations of the house current affected that usually employed. He had observed the gradual cicatrization of the sore as the ionization proceeded. Rodent ulcer, however, was curable by the knife, if the incision were made beyond the disease tissue. He had had cases permanently cured by surgery.

Dr. PERCY WILDE wished to say a word as to the suggested caustic action of zinc. He had used *carbonate of magnesia* to cure fungoid growths under the nails very successfully. There was no caustic action in this case, though all fungoid

growth was checked. He thought the zinc might act in this way without caustic action. He had found that all such fungoid growths, warts, &c., were caused by acidity of the tissues; if this acidity were reduced by baths or other treatment the growths vanished. Could this aid in explaining the action of ionization with zinc and other substances?

Mr. DUDLEY WRIGHT, in reply, said that had he known how much interest his paper would excite he would have added more matter to it. The subject had an intimate bearing on homœopathy. He believed that cases could be treated homœopathically by this method, by bringing drugs into direct contact with the tissues in a way which could not be done if administered by the mouth. Not only local, but also general diseases could be influenced by this treatment. *Nitrate of silver* had been used locally in the rectum for colitis by this method with an electric current, and in one case after a few applications the abdomen turned blue, showing how quickly the system could be saturated with a drug by this method. Alkaloids and salts of organic acids used as drugs entered the system by the positive pole; this had been proved by *cocaine* and *hydrochlorate of adrenalin*. *Staphisagria*, *thuja*, and *verbascum* would probably enter the tissues better if used as their alkaloids than as tinctures of the crude drug. However, the great test so far was by clinical results. He hoped to try some of the suggestions made, and to continue his investigations. He quite agreed with Dr. Johnson as to the probable value of the method in uterine cases. The greater the surface and the larger the current that was applied, the more ions entered the tissues. The skin was very resistant to the entrance of the current; mucous membranes and ulcerating surfaces were far better. The action of zinc in rodent ulcer was a vexed question. Under the current *sodium chloride* was separated from the body fluids, and by acting on the zinc pole might produce *zinc chloride*, but no caustic action was visible during treatment, and he thought it more probable the action was dynamic. In the case of *magnesium carbonate* mentioned by Dr. Wilde, magnesium ions probably entered the tissues and caused destruction of the fungoid growths. *Radium* and radio-active substances convey negative electricity into the tissues, and probably act in that way, but the action of the



three radium rays is different. He used the current from the main with transformer and had no trouble with his galvanometer, but battery currents were not reliable.

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#### AN OFFICIAL BOARD FOR THE PROMULGATION OF HOMŒOPATHY.

WE print an abridgment from the *University Homœopathic Observer* of the proposal by Dr. Copeland for an official board for the promulgation of homœopathy, concerning which a letter from him appeared in our last issue. It is a matter of importance to our friends and colleagues in America, where a forward movement is felt to be as necessary as with us in this country.

It is alone in the presence of intimate friends that the heart is opened. To every purpose there is time and judgment, said the preacher, and a wise man's heart discerneth these. But, even so, it is trying to admit the faults, and worse, the weaknesses of the homœopathic profession. One wonders if, after all, he is wise who admits anything of defect in our fabric, and if now is the time and this the place for judgment. The conviction is forced upon us, however, that the profession is lacking in the spirit of enthusiasm conspicuous in its early history. This, then, should be a time of frank admission. It is not, therefore, a day of hopeless misery, for with contrite acknowledgment we may pray, in the language of the apostle, that the "confession is made unto salvation."

The facts show that our organization, even though its machinery be as perfect, perhaps more perfect, is not so effective in results as it was in former times.

To enlist more actively the co-operation of the profession is an important consideration. Societies cannot live without members, journals cannot thrive without subscribers, and colleges cannot endure without students. The activity and support of the profession are essential to the homœopathic institutions. At the present time the most serious fault of the profession relates to its non-support of the colleges. Some statistics will illustrate the truth of this statement.

During the three years 1894 to 1896 inclusive, the number of graduates from the homœopathic colleges was 438, 498, 509, a total of 1,445. Ten years later, for the years 1904 to 1906 inclusive, the number was 361, 274, 288, a total of 923. Ten years ago, then, the average number of graduates was 482, while to-day it is 307. In spite of the phenomenal increase in population of the United States during this decade, additions to the medical profession by the homœopathic route have decreased 175 annually.

It is probably true that the colleges themselves have been responsible to some extent, at least, for the apathy of the profession. Is there not, or should there not be, a reciprocal relationship between college and profession? The profession, supporting and encouraging the college by sending students and clinical material, has the right to expect courtesies in return.

The faculty is assisting the practitioner by training for his relief the professional nurse. It is giving him advanced methods of treatment. Members of the faculty travel long distances to furnish him advice when consultations are demanded. With every domestic and foreign clinic the faculty is supposed to have personal knowledge. The proving of drugs and the improvement of the *materia medica* is another duty of the medical college. All these things are expected, and properly so, of every faculty.

Certainly, then, the medical profession owes something to the medical faculty. The obligation can be cancelled by the active co-operation of the profession. But how to bring this about is not by any means an easy problem. Some physicians may be reached by a means which will not attract or appeal in the least to others. To those who read, who are of a philosophical turn of mind, the essays and editorials on homœopathy, and its needs, are invaluable aids to enthusiasm and renewed activity for the common cause. It is a lamentable fact, however, that the majority of medical practitioners are too busy to read, or for other reasons neglect the literature of the school. Can anything be done to stir these and to enlist their much needed aid?

The church has met the same problem and has solved it to some degree of satisfaction. In Methodism, for instance,

the different departments of activity are cared for and carried on by the work of field secretaries. The preacher or layman is not trusted to learn by accident the needs of this or that educational or benevolent institution. Its particular and pressing requirements are presented in person by some active agents of each body. For instance, for the promotion of the educational work of the church there is a board known as the board of education, duly incorporated, to manage its affairs and property. This board employs a secretary who conducts the affairs of the board, and, under its direction, promotes its general interest by teaching and otherwise.

This idea as it relates to homœopathy is not new, but somehow it has never been given serious attention. The activity of the dominant school in the same direction makes it more important than ever that we should be alert to the necessity of some such movement. Could we afford it, a field agent in every State, at least in every section, would do much to arouse and enthuse the profession. There is many a practitioner who rarely meets another homœopath and who has, perhaps, forgotten that he belongs to a profession connectional in spirit. He needs the information or the scolding which an active, wide-awake, enthusiastic field secretary could give him. Such visits in many cases would result in influencing to homœopathy students who otherwise will follow the path of least resistance and land in old school colleges.

In the old days, when every practitioner had a student and every student a preceptor, the prospective matriculant was personally touched and directed. This is not true now. The family circle determines the profession and circumstance the college. A successful football team determines the ultimate college choice in more cases than does the careless advice of the family doctor. We should be ashamed to admit, and, of course, do not believe, that the physician of the present lacks the influence he had in olden days; but we do say that he no longer exercises it as did the old time doctor. Without discussing reasons, the fact is that conditions have changed, and with changed conditions there must be introduced new methods of reaching students, or new methods of awakening the profession to this important duty.

Is it not feasible to inaugurate a campaign of aggressive

work on the same lines as that employed by the Church? Could not the American Institute of Homœopathy establish a board for the promulgation of the homœopathic doctrine and institutions? This board might consist of the ex-presidents of the institute, of the deans of our colleges, of the presidents of State societies, or of a stated number of members, elected a few each year and chosen from the different sections of the country; or a convenient centre might be selected and the membership chosen from within a radius suitable to frequent meetings and consultations. The *personnel* of the board is of no importance so long as men of energy, enthusiasm, sane judgment, resourcefulness, men willing to sacrifice time and money, if necessary, are selected for membership.

It should be given to this board to establish a business office, and to employ such clerical help as is necessary to organize for effective and telling work. Then, more important than all the rest, the board should elect a field secretary who is to be the aggressive, omniscient, indefatigable organizer, upon whose broad shoulders will rest the increasing weight and bigness of a growing homœopathy.

Much as we admire the men who have accomplished much for our common cause, and who, undoubtedly, deserve everything at our hands, we should deplore the selection of any man for the position simply as a means of pensioning a faithful old servant. The man chosen must be one trained to business methods, methodical, thorough, intelligent, a good speaker, magnetic, an entertaining conversationalist, one conversant with our literature, journals, history and institutions, and, above all else, a loyal homœopathist. If some man well known professionally can be found, so much the better, but whoever he is he must sacrifice the comforts of home and fireside to become a wanderer to and fro in the land.

Such a field secretary must be paid a liberal salary, but of course, the sum we could afford would be less than a man of the versatility required could earn in practice. However, we believe the man lives who for the love of homœopathy would undertake this tremendous labour. Are the possible results not worth the attempt? We believe they are.

In order that the plan might be given serious study and consideration, the writer, at the last session of the American

Institute of Homœopathy, suggested the passage of the following resolutions :—

(1) *Resolved* : That a committee of seven members be selected to consider the feasibility of establishing a Board for the Promulgation of the Homœopathic Doctrine and Institutions, and employing a field secretary and such office force as may be necessary to carry out its functions.

(2) *Resolved* : That should this committee consider the matter favourably, that at the next meeting of the Institute it report a detailed plan for carrying it into effect.

There is impending a crisis in the honourable history of homœopathy. Were we in possession of prophetic powers we could not more confidently believe that the immediate present is the psychological moment for the inauguration of a more aggressive, a more intelligent, a more inclusive, a more successful homœopathy. Our own men and women must be aroused to activity. They must be made to see that all the wonderful progress in medicine and the sciences collateral to medicine is in harmony with a corroboration of all our theories. They must be fired with a zeal for the common cause. Such a fire must be kindled as shall sweep the whole world, burning every obstacle, and melting into one purified mass the medical thought of the ages.

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#### HUCHARD AND HAHNEMANN.

ON June 10, before an audience of 300 persons, composed largely of physicians, Dr. Huchard, of Paris, made his declaration of principles in his clinic in the Lænnec amphitheatre, as follows :—

##### *Therapeutics of the Past and the Future.*

In our first lessons we studied especially pathology and clinical medicine. In our two last lessons, it has been especially a question of therapeutics, which is the art of medicine, that is to say, practice, as Aristotle said.

In this final conference I ask your indulgent attention, which I greatly need, since, upon the subject of cardiac diseases, I wish to bring before you a delicate and difficult question, the therapeutics of yesterday and to-morrow.

You know that of yesterday and to-day, with its uncertainties, with the richness of its medicines opposed to the poverty of its medication, with its incessant fluctuations, because it follows no precise law, and is neither commanded nor directed by any doctrine. It is unnecessary to say more.

I have mentioned to you the very weak doses of *digitalin* (two to four drops of the thousandth solution), by the aid of which you obtain, upon myocarditis, a tonic action of the most remarkable kind. Well, a homœopathic physician, Dr. Sieffert, author of an excellent treatise on positive therapeutics, wrote to me on this subject, "That dose corresponds to the third decimal solution of our pharmacopœia, and we employ, voluntarily, doses stronger than yours." Now, here I am, enrolled in the camp of the disciples of Hahnemann! Upon this subject I am going to tell you exactly my thoughts.

Medicine should remain a school of tolerance and especially of modesty, for reasons, alas! known to us. It should not take on a superb attitude of pride in the face of adverse theories, because no one school should believe itself the sole depository of truth. Come whence it may, this truth must be accepted. "Truth requires much time to overcome the mind, it is never victorious until it shows itself," said the aged Fontanelle; even the circulation of the blood itself had, for a long time, its detractors, among whom was Riolan, who exclaimed, "I had rather err with Galen than believe with Harvey."

### I.

In order to "juggle" diseases, according to a slang expression, we do not take sufficiently into account the collaboration of the organism, which makes and unmakes the different affections; we seek too much to suppress a symptom, when we should, above all, cause the disease to disappear, and ordinarily, we employ medicines in a too strong dose without knowing their action on the healthy human body. It has been, however, demonstrated, in the iron preparations, for example, and in many other remedies, that, beyond a certain quantity, the remedy passes through the digestive canal in the condition of a foreign and inert body, capable

of obscuring or of retarding the work of cure. We know, and I said so a long time ago in the Therapeutic Society, that *hydrochloric acid* prescribed in hyperchlorhydria, only acted in small doses by its simple presence, and if one should order it to supply an insufficient gastric juice, it would take quantities that the stomach could never tolerate.

On this subject, in the meeting of the Academy of Medicine, April 26, 1859, Trousseau used the following language that we reproduce. Here are some passages that I give you to meditate on, and of which it is said with just reason by one of his opponents, that it was almost a homœopathic doctrine :—

"The question of the direct action of remedies and of their dose," said Trousseau, "are two questions that touch and are confounded with one another. For my part, I am not convinced that it is the remedy itself that is by a direct influence the therapeutic agent, and, consequently, I do not believe that the quantity of the substance administered is of the highest importance." And to show that medicines have a purely dynamic action, he cites the iron preparation, which, in the treatment of chlorosis, does not act by introducing into the blood the colouring matter of the corpuscles, but rather by modifying the assimilative functions. He showed also that *mercury* certainly does not act in syphilis by direct contact with each particular living particle.

Such was the opinion of Peter, who said that the action of certain remedies was rather qualitative than quantitative. M. Albert Robin expresses better still the same idea. "The remedy acts dynamically and not by its mass."

Very well, in all justice, I ask you if all this is not a paraphrase of the following precept : "The necessity of taking a very feeble dose is in order that the dynamic power of the remedy should effect its purpose, not by its quantity but by its quality."

Again, the recent works of G. Lebon upon "the dissociation of matter and the evolution of force" show us that the atom is an immense reservoir of energy, which manifests itself exteriorly under the form of electricity or other modality of force, and it is known that doses prodigiously weak, of  $\frac{1}{100}$  of a milligramme of the colloidal metals, are capable of caus-

ing physiological effects, characterized by an increase in metabolism and augmentation of the urea and uric acid. These bodies do not act directly, as Cullen asserted, but by their presence or catalytic action. Thus oxygen and sulphurous acids, which do not usually act on one another, unite to form sulphuric acid in the presence of a salt of platinum, without the latter coming chemically into the reaction. You take a body, pure, non-phosphorescent (sulphate of calcium, strontium, zinc, barium); if it is pure it will never be phosphorescent. If you add a millionth part of certain substances (bismuth manganate) it acquires that marvellous and inexplicable property of preserving light, that is to say, of becoming phosphorescent. From certain substances you take imponderable quantities of the manganese that they contain and they lose their properties of catalytic action. In biological chemistry we recognise to-day that all these bodies (enzymes, oxydases, diastases) only act by their presence.

It is this that is ignored—the importance of catalytic action in the chemistry of life. Remedies act not only by chemical action, but also, and above all, produce effects by their simple presence. In order that this should happen, large doses are useless and even injurious; the doses must be small, infinitesimal, so reduced that they correspond to the commencement of atomic dissociation.

However, the chemical action not being always invoked, it is the physical activity that predominates in directly stimulating the organism, and the metallic ferments seem to reinforce the chances of the struggle against infection if they do not act upon the infectious germ itself. But the specific remedies like *mercury* and *quinine* should always be administered in large doses.

Mineral waters are not alone supplied with radio-active properties; they contain also remedial agents, as, for example, Vichy water and many others; they also contain different ferments. That is why they act otherwise and with greater power than if one prescribed these remedies and bicarbonate of soda in large doses.

The ions are the parts of molecules that biological or physical forces, like electricity, have liberated from their combinations. These liberated ions have exalted affinities that



the ancients had seen when they spoke of bodies in the nascent state. The question of ionization of mineral waters is very important. "Has not one observed," said Albert Robin, "that the osmotic pressure of mineral waters is superior to that of a simple solution of the same salts in the same proportions?" Arrhenius from his researches upon electric conductivity was led to admit that in waters there existed a certain number of dissociated elements, to which the name of free ions was given, whose activity furnishes us with a new explanation of the therapeutic action so manifest, and to the present incomprehensible, of certain waters only slightly mineral, since the facility with which these waters give up their energy is more important than the quantity of their latent energy.

On the other point, in demonstrating to you the importance of functional troubles in diseases of the heart, I showed you that it was to them that therapeutics should be specially directed. Such is, without doubt, the opinion of my colleague, Albert Robin, whom I like to cite because we share the same opinions on many things, save blistering, in which, it has been remarked, we are only separated by the thickness of a plaster; he judiciously opposes to the gross anatomic organism, the functional organism, adding that "therapeutics should attempt to influence the functions if they wish to modify the organs." And it is in this spirit that he employs infinitesimal doses of  $\frac{1}{100}$  of a milligramme of metallic ferments.

These examples become irrefutable arguments in favour of a new therapeutic evolution. Galen and Hippocrates have disputed for too long a time. We must strive to conciliate them. But we will not do so if we continue to study the physiological action of remedies upon animals by using strong and even toxic doses. We do not care so much to know what remedies do to cause death, as what they do to assist the organism to defend itself against disease. For, if it is important to know with Galen how it is attacked by it, I believe it is still more important to learn with Hippocrates how it is to be defended.

## II.

It is necessary to know and admit that every medicine possesses two actions, primary action and secondary action, and that the latter is opposed to the former. Thus *morphine* causes, first, a slight elevation of the temperature, with increase of the pulse, diuresis and muscular force, then a diminution of the temperature, diuresis and muscular force. Likewise, *digitalis* causes, at first, oliguria, a slight tachycardia, with a lessening of the arterial tension, soon followed by the contrary phenomena; and thus it is that very large doses suppress the primary action, and produce from the first the secondary action, following the example of *strychnine* in large dose, which produces a paralysis without the preliminary tetanic effects. These facts confirm a therapeutic law that is well known. "Small doses increase vital activity, moderate doses reinforce it, strong doses often depress it, and excessive doses always suppress it."

We must know also and admit that all remedies produce in large doses an effect inverse to that realized by weak doses. Thus, *digitalis* tones or weakens the heart, according to the doses; *coffee* ordinarily becomes narcotic in low doses; *opium*, narcotic in usual doses, becomes excitant in small doses; *alcohol* excites in feeble doses and paralyzes in large doses, like wine, which sustains or annihilates the strength. *Bismuth* constipates in habitual doses, and, according to Hayem, combats constipation in doses of 15 to 20 grammes. Nothing is more true than this antagonism of action between small and large doses. Thus Magendie and Pelletier formerly produced in animals the foci of pulmonary congestion and hepatization by weak injections of *emmetine*, while in a toxic dose Pelletier obtained a sort of pulmonary anæmia. Thus it is that at times, and without invoking a particular susceptibility or idiosyncrasy of the vaso-dilator nerves (which explains nothing), one has produced with *strychnine* and with 4 grammes of *ergotin* a certain febrile state with redness of the face, and, again, congestions with small quantities of *acetanilide*.

All this is absolutely exact. But that which is not, is the exaggeration of doses absolutely imponderable, that toward the close of his life, Hahnemann, in an access of illumination

and mysticism had recommended, a first dilution of 100th, a second of 10,000th, a third of a millionth, and the thirtieth expressed by one followed by 60 zeros. Thus we hear of cures of a chronic affection by a single dose of the 12,000th dilution. But a learned physician, P. Jousset, whose youthful ardour of 88 years cannot be too much admired, reproduces these exaggerations in an article whose title indicates sufficiently the spirit and the tendency, "Where we do not wish to go." He does not abandon the small doses nor the infinitesimals, and in some remarkable pages upon the "Constitution of Therapeutics" he shows judiciously a drop of Koch's *tuberculin* injected into the cellular tissue of a phthisical patient, mixed with blood in all the circulation, having passed through the liver and arrived at the tuberculous lesion in the lung in the state of an infinitesimal quantity, capable of lighting up an intense fever and killing the patient. And he adds, who will tell the weight of the diphtheritic toxin, after having been elaborated in the organism of a horse, that is contained in the serum of Roux ?

### III.

We arrive now at the Hippocratic doctrine of the law of similtude, old as medicine, that Pasteur has victoriously applied and sanctioned by his immortal discoveries. Hippocrates said : "Disease is cured by the similars that produced it." (*Similia similibus curantur*.) He also said, *vomitum vomitu curantur*, and he cured the cholera by *white hellebore*, which produced choleraic diseases, having united the example to the precept.

Centuries rolled away to Paracelsus, who modified slightly the formula (*simile sui simile curat*), and to Stahl, who died twenty years before the birth of Hahnemann, and who, after having proposed to treat acidity of the stomach with *sulphuric acid*, wrote these lines : "The rule admitted in medicine to treat diseases by remedies contrary and opposed to the effects they produce is completely false and stupid. I am persuaded that diseases yield to agents which cause a similar affection." It is certainly false in many cases, because, as P. Jousset says, what is the contrary of pneumonia, typhoid fever or diph-

theria? And since I speak of diphtheria, is not the anti-diphtheritic serum a medication similar to the disease? To cure an infectious disease, Pasteur uses the microbe which gave birth to it, he employs the microbe in an attenuated dose, and he thus arrives at the experimental demonstration of the vaccine of Jenner, at the immunization and the curing of diseases by attenuated cultures of the microbes which led to another method of attenuation greater still, the discovery of serum-therapy by the serum of immunized animals.

Is it possible, then, to deny that the therapeutic discoveries concerning chicken cholera, tetanus, rabies, plague, typhoid fever, the bites of venomous serpents, have resulted from the law of similars? Do you not see that we are and have been unwitting Hippocratists, when Sennert formerly cured the sweating fever by sudorifics, when Piorry recommended *cap-sicum* for hæmorrhoids, when Trousseau established substitutive inflammation, when Lancereaux, after Rayner, used *cantharides* in certain dropsies, as did also Hippocrates, and the former used the same remedy in parenchymatous nephritis, when Charcot ordered the *sulphate of quinine* and the *salicylate of soda* in Meniere's disease, when one can suppress a rebellious roaring in the ears with a centigramme of *sulphate of quinine*, once or twice a day for several weeks; when we see *pilocarpine* triumph over salivation that is rebellious, *antipyrine* in urticaria, *trinitrine* in certain cephalalgias, *calomel* in dysentery; when we still see organotherapy furnish such frequent cures, when the thyroid body given in small doses in certain cases of exophthalmic goitre causes all the symptoms to disappear? And what does this phrase mean that I have just read in a remarkable study of Leopold Levi and Rothschild, upon the hyperthyroidian neurosis: "*Thyroidin*, according to the dose, is capable of producing that which it causes to disappear?"

Without doubt, all these are difficult facts to understand, and Hahnemann was strangely mistaken in pretending that the remedy produced a drug disease that was stronger than the natural disease. On the other hand, Hunter, in saying that two analogous states could not exist at the same time in the organism, and Trousseau, in imagining the substitutive action of a remedy, have given no explanation of the fact.

But, as Arago said, where would we be if we denied all that we could not explain? The facts are there, they have their eloquence, greater than all the reasoning in the world.

## IV.

We must know how to be eclectic, and if the therapeutics of internal diseases obeys oftener the law of similitude, it must also, in certain cases, observe the law of contraries, thus formulated by Galen: "Cure is but the changing of an abnormal state of the body to a normal state, and, as a result, health cannot be re-established except by that which is contrary to the disease"; such is the therapeutics of the cause and of the symptoms. Thus one employs *morphine* and opiates in pain, in neuralgias, in nephritic or hepatic colics; purgatives in constipation, hypnotics in insomnia, electricity in paralysis, hydropathy and gymnastics in various affections, cold in hyperthermia, the X-rays for tissue nutrition; surgical asepsis, the opening of an abscess, the ligature of an artery, all are inspired by the same maxim. But it frequently, adds P. Jousset, only effects medical palliation, and when one suppresses the pains of a peritonitis and hepatic colic and when one succeeds in lowering the temperature in a febrile disease, does not one employ symptomatic treatment, does not one suppress, at the same time, according to the striking expression of Peter, the vigilant sentinel who heralds the danger? Does not one know the deception of antiseptic medicine in infectious diseases, and the constant non-success of that therapy which seeks ever the cure of the disease in the destruction of the pathogenic microbe? It is the organism that makes and unmakes disease, it is the soil which should first receive our attention. Jousset says: "Palliative medicine annihilates curative medicine, it is only legitimate in incurables or in the treatment of diseases of short duration, but which by their intensity are absolutely insupportable or threaten existence."

## V.

Such are the considerations of general therapeutics with which I desire to terminate these six lessons on diseases of the

heart. I did not wish to make a profession of faith at first, reserving it for the end. I have given you to-day, after a long incubation, my thoughts, and in the midst of therapeutic incoherence, of therapeutic chaos, where we have fought for centuries, after having shown you the therapeutics of yesterday, I wished to designate that of to-morrow, I wished to protest by example against that discouraging word of Marchal: "There is no longer in medicine, principle, faith, nor law." We should not be of those who say, rather lose the patient than a principle! We should be of those who, by example, furnish a complete independence of thought and action without minding the noise about us, and without considering the human passions which too often obscure the vision, and interfere with our mission—that of curing. For during our scholastic disputes the patient suffers, he has the weariness of death and the disagreeable idea of the following autopsy.

All these questions will appear to you, as to me, troubling. If I have succeeded in reconciling for ever Hippocrates and Galen, in terminating that eternal quarrel of the Ghibelines and the Guelphs, to cause to disappear some of the barriers separating the Hippocratists from the Galenists; if I have succeeded in demonstrating that it is necessary to be both according to the indications, will I suffer from the demi-gods of the medical olympus a major excommunication because I should have recognized a parcel of truth in certain doctrines spotted with error, only by their exaggeration? What matters it to me! I shall be, perhaps, conquered for a moment, but without being convinced, and my excuse ought to be the ardour and sincerity of my therapeutic faith.

After a long and severe criticism of more than thirty pages against the Hahnemannian theories in the introduction to his "Treatise on Therapeutics and Materia Medica," Trousseau, thinking with reason that one does not condemn a system by silence, had the courage to recognize that "the doctrine of homœopathy, considered as to the general idea upon which it reposed, certainly did not merit the ridicule that the therapeutic application of the homœopaths gave to it." Because, he adds, from all evidence, local phlegmasias are often cured by the direct application of irritants, which cause an analogous inflammation, a therapeutic inflammation which substitutes itself for the primary irritation.

That which I wished to show you, in my turn, is the exactness of the two precepts upon which the medical doctrine should rest, the cure of numerous diseases by similars, according to Hippocrates, and the action of small doses of medicine, on the condition that these, outside of organotherapy, should not be imponderable. That which I wish still to demonstrate is that most drugs taken from the vegetable kingdom, particularly *digitalis*, that has for a marvellous virtue slowness of elimination, ought often to be prescribed in small doses; while drugs taken from the mineral kingdom (bromides, iodides, &c.) are rapidly eliminated, and ought to be given ordinarily in massive and repeated doses for the reasons that I have already explained, especially when the aim is to saturate the organism.

But, with Trousseau, I repudiate energetically the "delirious sidelights and the eccentricities of imagination" of the thaumaturgists who tell of a possible cure with insensible doses of the 100th, the 20,000th, and even the 500,000th dilution, with remedies prescribed in doses absolutely imponderable and of an infinitesimality without limits, as a medicinal action extraordinarily multiplied by numerous succussions of a phial; against the absolute assimilation of a drug disease with a natural disease, for example, mercurial ulcerations to syphilitic ulcerations. cutaneous efflorescences produced by *belladonna* to the angina and to the eruption of scarlet fever; against the exaggerated doctrines that take their point of support outside of the organism and that assert always that "the virtue of the drug consists in the totality of the symptoms of the artificial disease that it produces"; finally, against the interpretation given to the minutiae of an extensive and inexact observation of the slightest accident seen following the administration of drugs to the healthy human body. You see that I am quite a Hippocratist, I am far from the practice and the doctrines of Hahnemann, only retaining the two precepts, the truth of which I have demonstrated to you.

I have read somewhere that literature possesses two schools, the myopic and the presbyopic. Is it not the same in science, has not she her myopics with a microscope to the eye, in which all is enlarged, where everything is seen in the small, studying each object, each shape and contour in the midst

of a cloud, where nothing is distinguished ; while the presbyopics who take in the entire surroundings, clear the clouds where the details remain in the shadow, with a general and synthetic vision of things ? In literature, as in the sciences, these two schools make war on each other. "Your characters have no muscles," said Theophile Gautier to Merimée, whom he reproached for certain presbyteric literature. "And yours have no draperies," responded Merimée. Well, in medicine we must know how to be at the same time presbyopic and myopic ; we should understand and study at the same time the totality and the details in order to see both the draperies and the muscles. That is why it is better to be an eclectic, Galenist and Hippocratist, according to the indications.

In these lectures, which, perhaps, are the last of my teaching, at least, unless a renewal of enthusiasm and force comes to spur me on, I desired to have you know my therapeutic faith, to demonstrate to you the curability of many diseases of the heart, and to protest against the words of Corvisart, and especially of Broussias, pretending that they are "diseases of simple curiosity furnishing nothing to therapeutics," to instruct you upon a new conception of cardiopathies, and having, like the traveller, throwing his eye backward over the way he has travelled, seen the seed sown in the scientific field, I wish to show it to our successors.

This word, "seed," recalls to me a veritable vision that I once had, and which has never escaped my memory. I will relate to you that which I really saw, in order that you may not suppose it to be an artifice of language.

One grey evening in autumn, I saw, after a hard day's labour, an old sower, bent by age and fatigue, coming back to his dwelling, regarding with a dreamy air the lands that his vigorous arm had just sown. Suddenly his face illuminated with a ray of joy and hope, and he said to me : "Upon this ground I will not, perhaps, see the grain grow ; but what matters ! My heirs, my children, or my successors will reap an abundant harvest." Then I had before me the image dreamed by the poet, or the statue, perhaps, conceived by the artist, of man, the eternal sower. And to-day, in terminating, I seem to see and contemplate the statue, it becomes animated, it speaks, and says to you : You, the young, full of futurity



and hope, dig, dig again, and continue ever to dig the ground, and cause the seed to grow.

Dr. HUCHARD.

The following are the comments on this remarkable lecture by Dr. August Schepens, of the *Journal Belge d'Homœopathie* :—

Not a protest was raised during this declaration of principles, and enthusiastic applause interrupted and saluted the eloquent oration.

The recent discoveries upon radium, the X-ray and the colloidal metals, have done much to bring homœopathy to the notice of the learned. In truth, it is not our law of similars that has caused the sneers of the allopaths, but our posology.

I know from experience that it is the infinitesimal dosage that constitutes the great obstacle to the conversion of allopaths.

The day I saw Dr. Bourgois, of Tourcoing, obtain fine results in tuberculosis by doses of a thousandth and even a millionth of a milligramme of *fluoride of sodium*, a bandage fell from my eyes; it was not possible that the *fluoride of sodium* was alone in the case, it was not probable that this millionth of a milligramme was an extreme dose, beyond which this remedy would be without effect. These observations carried my attention towards homœopathy; a beautiful cure by my venerable *confrère*, Dr. Vanden Neucker, gave the finishing stroke to my allopathic convictions, already tottering.

Analogous reflections must have been made by a large number of medical men in learning the profound action of radium upon living organisms in doses absolutely imponderable and infinitesimal.

The dissociation of light rays by Finsen with the aim of developing their curative action, by isolating the red rays for the treatment of variola and erysipelas, and the violet and ultra-violet for the treatment of lupus, have contributed not a little credit to the proceedings of our school, which dilutes its medicines to the point of fracturing the molecules and even changing them into ions.

And is it not also an infinitesimal quantity of medical substance that passes through a diseased organ by the process of ionization? That is to say, in moistening the two electrodes

of the constant current by a solution of the drug, and applying these electrodes to two opposed points of the suffering part. No balance can indicate the quantity of matter thus withdrawn from the solution; and yet it appears that these infinitesimal quantities act.

All these facts are very suggestive. Apparently they should open the eyes of all, at least of all those who wish to see.

Unfortunately, the kickers are not wanting; in our own days there are the Riolans who prefer to err with Galen than to be a "circulator" with Harvey.

These voluntary blind ones are often the intolerant ones. I know, and many know it as well as I do, that Professor Denys, of Louvain, is treated as a charlatan by his colleagues because he teaches that the cure of tubercular affections may be made by a filtrated bouillon of Koch's bacillus, in commencing the treatment by infinitesimal doses, the seventh, eighth, and even ninth decimal!

The therapeutics of the past and the future contains great truths upon *similia similibus*, the dynamic action of medicines, their primary and secondary action and the preponderating importance of the soil upon external morbid agents. It is with profound satisfaction that I read the following lines: "Does not one know the deceptions of medical antisepsis in infectious diseases, and the constant lack of success of that therapy that seeks ever the cure of diseases in the destruction of the pathogenic microbe. It is the organism that makes and unmakes disease, it is the soil that fertilizes the grain; it is, then, to the soil that we must first address ourselves."

I will take the liberty to present certain remarks. First, there are some omissions to note.

Thus the law of similitude was certainly formulated before Hahnemann, by Hippocrates, Paracelsus and Stahl [and acknowledged by Hahnemann—note by translator], but Hahnemann alone knew how to accord to it all its value and the importance it merited in making it the basis of a new therapy.

It is true that M. Albert Robin should have the honour of saying that the remedy acts dynamically and not by its mass, but we must not forget that Hahnemann said the same thing a century earlier, and that he, besides, prepared a whole pharmacopœia conforming to this precept.

This is what Dr. P. Jousset writes *à propos* of the laws of pharmacodynamics cited by Dr. Huchard: "All medicines are subject to these two laws." Dr. Huchard was right in calling attention to it, but we regret that he did not allow Hahnemann the honour, who, already, in 1796, sketched the first lines and continued them in the *Fragmenta* and in the *Organon*. We regret it because these two laws, born of experimentation of drugs on the healthy organism, constitute the greatest star on the shield of Hahnemann.

There are also errors. I propose to point out some of them.

Dr. Huchard is mistaken when he advances that the thirtieth centesimal dilutions are inactive. All homœopaths know by experience that that is false. The proof, moreover, has been furnished in the laboratory of the Hospital St. Jacques, by Dr. Jousset, for the *nitrate of silver* and *corrosive sublimate*. These experiments are to be found in the *Bulletin of the Biological Society*, 1903, p. 942.

I do not think that Hahnemann ever used such excessive dilutions as the 12,000th and 500,000th of which Dr. Huchard speaks. I have, personally, no experience with such dilutions; and frankly, the desire to use them has never come to me. I will, therefore, abstain from giving an opinion thereon, for the good reason that it is difficult to judge of a thing of which one knows nothing.

Dr. Huchard reproaches homœopathy also with being too minute and of attaching too much importance, symptomatically, to slight deviations from the normal state.

Every homœopath who has practised a few years knows that this reproach should not have been made, for the good reason that many times the small symptom is a precious indication for the remedy. The following examples will place this in evidence:—

I receive from time to time the visit of a mother who comes for her daughter's case. The latter is haunted by a mania for suicide by hanging. Never has she attempted any other method of ending her existence. The impulse to this kind of suicide is found in the pathogenesis of *arsenicum*, and a few doses of *arsenicum*, 12th centesimal, delivers the patient for several months from this terrible obsession.

A lady said to me : "If I were not religious I would end my life." I asked her what means she would employ to do so. "I would throw myself from a window," she replied. In the pathogenesis of *nux vomica* it is related that a person under the influence of the drug jumped out of a window ; as my patient presented some other symptoms of *nux*, I administered the remedy, with the most satisfying results.

Another lady attacked by Jacksonian epilepsy had been treated with *bromide of potash* by an allopathic *confrère*. The seizures were very little influenced by this medication, and, besides, there appeared many disquieting symptoms ; this lady could not remain at home, she had an irresistible desire to go to the country. In crossing a railroad track she was suddenly seized with a suicidal mania, and she had to struggle terribly against the impulse to throw herself under a train. These symptoms disappeared upon the cessation of the *bromide*. Well, if some day that person were haunted by this same mania for some other cause, I would not think for an instant of giving her *arsenicum*, *nux*, or *aurum*, or any other remedy reputed to serve in a like case, but I would give her an infinitesimal and imponderable dose of *bromide of potash*, with much hope of succeeding. A thousand times no, the minutiae of homœopathy are not superfluous ; on the contrary, they are very desirable.

I understand that official medicine does not attach to it any importance. It needed a century, and many discoveries, to acknowledge our fundamental law of similars and our employment of infinitesimal doses. It will probably take some decades for it to be convinced of the advantages of symptomatic study, such as Hahnemann practised and taught.

Our founder was certainly not infallible ; more than one error is found in his writings, but it is none the less true that he should be considered an incomparable genius.

It seems to me that it would have been more just on the part of Dr. Huchard to reclaim a little less of Hippocrates and more of Hahnemann.

Dr. P. Jousset very well says that Hippocrates was a naturalist, that is to say, that he strove to amplify diseased symptoms by giving an emetic in vomiting, a purgative in diarrhoeas, a sudorific in perspirations, &c. He hoped that

thus the organism would rid itself more completely of injurious substances that made it ill. He did not avoid drug aggravation ; on the contrary, he sought it.

*Similia similibus* applied in this manner would often lead to disaster.

We had, some fifteen years ago, a memorable and lugubrious example in the first application of Koch's tuberculin, it caused constantly dangerous aggravations. No war that I know of was as frightful for the belligerents as the experimentation of this medical novelty for the patients.

Fortunately, the remedy is often borne through the excess of the disease. The rare cures obtained proved the utility of the remedy, the unfavourable aggravations were due to a fault in its application, probably to the employment of excessive doses.

Professor Denys, of Louvain, I believe, is the one of all the allopaths who saw clearest into this question. He arrived at the principal of avoiding all drug aggravation.

This method is contrary to Hippocrates and conformable to Hahnemann. Thus, what a difference in the results obtained between the first applications of Koch's tuberculin and those actually realized by the method of Denys ! One might say there is no comparison, it is day and night.

It is the same for us, but in an inverse sense, if in place of following the counsels of Hahnemann in the application of *similia similibus*, we conform to the precepts of Hippocrates.

I recognize gladly the merit Dr. Huchard had in making his public declaration of principles. It partly bridges the abyss which separates the two factions of the medical profession. Dr. Huchard is a savant, combined with a man of heart.—(Translated by W. A. D., *Medical Century*, vol. xvi., No. 4.)

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## Clinical Cases.

### "HENOCH'S PURPURA."

By T. E. PURDOM, M.D., C.M. (CROYDON).

NORA BRYAN, aged 5, in October, 1906, complained of pains all over her, especially in the back; she was sick. A crop of macular spots came out over hips, lower part of back, and upper part of thighs posteriorly, varying in size, red, but soon fading off to a purple colour; very faintly seen after two or three days. There were a few very small purple spots on legs.

October 11.—I saw the child to-day. The general pains were much better. She now complained of gastric pains, intermittent, with tenderness over the epigastrium and right hypochondrium; the abdomen was tender generally; pain not very acute; occasional sickness; all milk vomited; tongue thickly coated, white and rather dry; bowels acting once or twice daily. *Ars. alb.* 3x and *coloc.* 2x, alternately, were given for her abdominal symptoms.

October 12.—In *statu quo*. Pains in abdomen colicky and intermittent; principal tenderness over pyloric region. *Ars.*, *coloc.*

October 13.—During last night sickness increased; vomited matter was green, and mixed with pieces like curdled milk streaked with blood; several traces of blood were seen in what the child vomited. Tenderness over gastric area, though not severe; tongue dry and rather brown; slight hæmorrhage from vagina was noted. Previous health good; she looks sturdy, with dark hair. Sickness continues; green vomit, with traces of blood. Temperature normal; pulse 96; urine normal, save slight phosphatic deposit on boiling. *Ars. alb.* 3x.

October 14.—Complains of sore throat; tonsils and fauces red and raw, and partly coated with mucus; cervical glands not enlarged; temperature 97°; pulse 96; green vomit. The symptoms, apart from the throat, were suggestive of gastric ulcer, very rare in such a young child; gastritis also of some kind was suggested. *Ars. alb.* 3x and *bell.* 2x.

Evening.—Throat much better; tongue dry and brown;

green sickness with traces of blood; purpuric patches; ecchymoses on both ears. Between 5 and 6 p.m. the child had two large stools, consisting almost entirely of blood. At 7.45 I found her pulse very rapid and hardly to be felt. The hæmorrhage from bowel was very dark, but not black; child very restless and partly stuporous. *Ars.* 3x, *chin.*  $\theta$  1 in 4; iced water, no food; saline injection.

October 15.—The little patient slept all night, though restless. Pulse 96; tongue moist and beginning to clear; no complaint of throat; *great thirst*. Milk one-third, water two-thirds, ice, *ars.* 3x, *chin.*  $\theta$ .

7 p.m.—Pulse 88, intermittent; very restless; tongue dry; no sickness; no action of bowels; no further hæmorrhage; no fresh spots; pain and tenderness over epigastric and right hypochondriac regions; liver dulness extends beyond ribs; liver tender to touch; patient very fretful; not so thirsty; she has had frequent drinks of milk and water and iced water; no sickness. *Ars.* *alb.* 3x, *china.*  $\theta$ , half-hourly in alternation.

October 16.—Restless night; complains of abdominal pain; brighter this morning; tongue clearing; temperature 98.4° F.; pulse quick, but partly from crying; bowels confined. Diet: bread and milk, rusk and milk, grapes.

October 17.—Pulse 80; tongue clearing; abdominal pain still; no action of bowels; fretful. *Hydrastis*  $\theta$ , *ars.* 3x.

October 18.—Much better; sitting up, playing with toys; tongue clearing rapidly; pulse 108-112, probably from erect position; bowels acted this morning after missing four days; very dark fæces with traces of blood. On right knee small crop of purpuric spots, and also over convex surface of both elbows, quite a marked crop. Some spots were  $\frac{1}{4}$  in. in diameter and slightly raised. *Hydrastis* 1, *hamam.* 1. Urine examined: a very large deposit of urate of soda and phosphatic crystals, also cystin and acid urate of ammonia; a few leucocytes; no red blood discs seen; a separate small deposit of albumin; kidneys probably congested.

October 20.—Much better; tongue nearly clean and quite moist; pulse 96-100 when sitting up; no abdominal pain; bowels regular; fæces rather black yesterday, but normal colour to-day. There is a fresh crop of purpuric spots over both hips and back of thighs; the child, however, seems

well, sits up, and plays with toys. There is no hepatic or gastric tenderness now. *Phos.* 4x mss., *hydrastis* ̸ m̄i.

October 23.—Much better, downstairs, but has complained for two days of pain in the feet, which are swollen. The pain, however, is better to-day; there are large ecchymoses under the external malleoli of both ankles and along the same side of the feet. Several fresh purpuric spots have come out on front of left leg near the ankle, a few also are seen on the right leg. The bowels are regular; stools normal in colour; urine looks clear.

October 24.—Urine examined: Slight phosphatic deposit, albumin one-tenth in test tube; a few red blood corpuscles are seen, no crystals. *Phos.* 4x mss., *ars. alb.* 3x m̄i.

October 26.—Child well, but rather weak; she goes out now every day; appetite good; a few fresh purpuric spots are seen. *Ferrum. acet.* ix. Urine examined: Albumin one-eighth, very little deposit otherwise; a few leucocytes, and one or two red corpuscles; some imperfect oxalate of lime crystals and a few epithelial cells.

October 30.—Keeps well but easily tired; another crop of purpuric spots below both knees; tongue clear; pulse normal; bowels relaxed this morning. To be kept warm and out of all damp and draught, and fed up well. *Ferrum phos.* ix gr. ii., *phos.* 6x m̄ii.

November 6.—The patient is now feeling well and seems quite well, save a faint trace of albumin in the urine.

*Remarks.*—This child illustrates a somewhat unusual attack of purpura. It corresponds best to Henock's variety, as described by him in 1874. It is most common in children from 7 to 15; Nora is only 5. The only traceable cause was a very severe nasal catarrh with marked herpes labialis. The attack began very like purpura rheumatica, but afterwards the gastric and abdominal symptoms became prominent. The state of the child was very serious for a time, following the hæmorrhage from the bowel. This was probably intestinal, as blood from the liver would have been darker. The congested state of the kidneys, with albuminuria, made the attack more severe. There was no fever while I was attending the child, but the mother is sure she was feverish for a day or two before she sent for me.



Death has occurred in such cases from uræmia, arising from kidney complication. Perforation of the stomach has also been known to cause death. The symptoms at one time were very like gastric ulceration. The medicines used were *ars. alb.*, *coloc.*, *bell.*, *chin.*, *hydrastis*, *hamam.*, *phosphorus*, *ferrum*, *ferr. phosph.* *Ars. phos.* and *hamamelis* were given for the special blood condition, and are well indicated in purpura; *bell.* was given for the sore throat; *hydrastis* to help the action of the bowels; *coloc.* for the colicky pains; *china* as a tonic after the loss of blood; *ferrum* for the anæmia.

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### Cases from Hospital Practice.

This section is reserved for reports of interesting cases occurring in Hospital or Dispensary practice, new methods of treatment, and all purely professional matters. These should be carefully, or, if needful, elaborately recorded and described. Each contributor will, if necessary, be allowed two pages of the Review every month for this purpose.

Reports should be sent on as early in the month as possible.

#### LEICESTER COTTAGE HOSPITAL.

*Reported by Dr. Edward Capper.*

THE following are among the recent cases of interest at the above institution:—

Mrs. W., aged 52, underwent operation in March for extensive epithelioma of the right vulva, necessitating its complete removal. Although the growth had been developing for twelve months the urethra was fortunately uninvolved. No affected glands could be detected.

Mrs. F., aged 30, was also operated upon in March for perineal rupture involving the sphincter ani. A good perinæum was secured, but as yet control of the fæces is not absolute, though greatly improved. The case is interesting, as a kidney was removed for calculus last year, as reported in the Review, since which time the patient has regained complete health.

Mrs. B., aged 39, came into the Hospital in April for the operation of ventral fixation of the uterus (hysteropexy). The condition necessitating this measure was chronic retroflexion

producing severe dysmenorrhœa, which partially incapacitated the patient. Considerable difficulty was met with in the form of old adhesions, which had to be dealt with before the uterus could be raised into a good position. The cause of the trouble was chronic pelvic peritonitis. The operation was followed by very grave symptoms, pointing to threatened obstruction of the bowels. There was persistent vomiting of bile for six days, and hardly any fæces were passed *per rectum*, and for this period recovery seemed almost hopeless. Change of position to the sitting posture, with abdominal massage, ultimately led to a turn for the better, and the case made a good recovery, with distinct relief up to the present time.

Mrs. S., aged 71, was operated upon for scirrhus of the breast on April 11. The point of interest in this case was the age of the patient and her rapid recovery. She was able to leave the hospital fourteen days after operation.

Miss S., aged 40. This patient had the left breast removed by Dr. Mason for scirrhus two years ago. She was admitted to the Hospital in April last for abdominal tumour, which had been noticed for three months previously. The diagnosis was doubtful, resting between ovarian cyst and malignant disease of the cæcum, threatened intestinal obstruction having been among the earlier symptoms. Upon opening the abdomen a strangulated cyst of the right ovary was discovered, full of dark blood. The pedicle was twisted, and the cyst was found to be rapidly becoming gangrenous. Adhesions from peritonitis were very general, some of these being very firm and vascular, and requiring ligature. The patient made an excellent recovery from the operation; but unfortunately she has a tumour, probably malignant, in the posterior triangle of the neck.

Miss M., aged 29, underwent the operation of ovariectomy, in May, for chronic menorrhagia of intractable type. This case presented no special features of interest.

## Hospital Reports, &c.

### TORQUAY HOMŒOPATHIC DISPENSARY.

#### ANNUAL MEETING.

THE Sixtieth Annual Meeting of the Torquay Homœopathic Dispensary Committee was held on May 11, 1908, Colonel Cary in the chair. The report of the Medical Officers for the past year shows 726 cases under treatment, the number of attendances being 5,824.

The Homœopathic Dispensary in Torquay is probably one of the oldest of its kind in the country, and was the first homœopathic dispensary to be started in the west of England, when the late Dr. MacIntosh settled in the town. It is much appreciated by the poor of the place and many patients also come in from the country districts around and from the adjacent towns of Paignton and Brixham.

The Honorary Medical Officers are: Dr. Midgley Cash and Dr. Ford Edgelow.

### BIRMINGHAM AND MIDLAND HOMŒOPATHIC HOSPITAL.

#### ANNUAL MEETING.

THE sixtieth Annual Meeting was held at the Hospital on April 29, the Right Hon. the Lord Mayor of Birmingham (Alderman H. J. Sayer) in the chair.

The Report showed the following statistics, compared with 1906 :—

	1906	1907
In-patients ... ..	318	357
Out-patients' attendances ...	17,232	19,389
Visits on home-patients ...	1,345	1,517

*Accounts.*—These showed a heavy deficiency, amounting to £567 16s. on the year, increasing the total deficiency to £1,683 2s. 7d. The expenditure was larger than in the previous year, to the extent of £318.

The Ladies' Committee have instituted a "Pound Day," which was held on February 14. Over 2,700 lb. of goods were received, and £71 in money.

The Lord Mayor, in moving the adoption of the Reports and Accounts, said that the former recorded the most useful

year's work that had ever been accomplished at the Hospital. The number of patients had increased, and as a consequence the expenditure had also increased. They must not be down-hearted, because they were engaged in a splendid work which was worthy of every encouragement. Every effort must be made to improve the financial position of the Hospital, for it would never do to contemplate a diminution of the work that was now being done.

Mr. R. L. Impey, in seconding, remarked that in-patients, out-patients, and home patients had all increased by 12 per cent., and the fresh department, the treatment of accident cases, added to the expenses, which caused the Committee great anxiety.

The Earl of Dysart was re-elected President.

In replying to the vote of thanks accorded the Honorary Medical Officers, Dr. Avent referred to the policy and work of the British Homœopathic Association, and said that he thought the time was long since ripe for the formation of a Birmingham Branch, and the termination of the isolation in which homœopathy stood there, which he was certain was most detrimental to its best interests. The Association was formed with the object of unification of all homœopathic interests, the federation of all the homœopathic hospitals and dispensaries in the country, and the formation of a teaching school of homœopathy. He felt confident that if Birmingham would rid itself of its isolation, and fall more into line with London, it would materially assist these objects. He suggested a drawing-room meeting or garden-party in the coming summer, with the object of inviting a deputation from London to put their views and policy before the meeting, and of forming a Birmingham Branch of the Association.

A. A.

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### Correspondence.

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#### THE BRITISH HOMŒOPATHIC ASSOCIATION AND THE PRIZE ESSAY.

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

GENTLEMEN, — Along with the June number of the Review I received a copy of "An Explanation of Homœo-

pathy," which I conclude is the prize essay awarded by a mysterious committee of judges for the best essay explaining homœopathy. I use the word "mysterious" advisedly, as the whole business in connection with the competition has been "wropt in mystery"! No one seems to know who adjudicated, and when the choice was made, no prize-winner's name was announced; and now the essay is published anonymously.

I have read "An Explanation of Homœopathy," and am wondering what kind of essays were sent in if this one is adjudged the best.

I have read many explanations of homœopathy in my time, and cannot say that this latest effort shows any improvement, as regards lucidity or style, upon what has gone before. In fact, it is poor in comparison with some striking little pamphlets published in the past.

It seems to me that the British Homœopathic Association should have been more open in this competition. It was certainly due to the competitors to know the name of the successful author, and the names of the adjudicators ought, in all fairness, to have been published.

I am, Gentlemen,

Yours faithfully,

L.R.C.P.

June 4, 1908.

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRs,—I have only just returned home from a short holiday in Scotland, and naturally turned to my BRITISH HOMŒOPATHIC REVIEW, which with other papers awaited my arrival. In the interesting article by Dr. Burwood, I find an account of the path by which he was led into therapeutical light, and appreciate his appreciation of my dear father's character and usefulness. He has got wrong, however, over my name. From early days I had trouble with my name, and as soon as I could, I requested to be called by my maternal grandfather's surname rather than by his christian name of Eleazer. He, Captain Eleazer Gillmer, after whom I was named, was killed by the bursting of the first steam road car on the Glasgow to Paisley road. The car was blown up on July 27, 1834, and the other day I discovered

the remains of its machinery exhibited in the Glasgow Art Museum, and a picture by an artist who happened to witness the accident. All this was very interesting to me. As I turned from it, the next exhibit was one of the latest specimens of motor engines, marking the wonderful advance made; and in the differences between the old and the new emphasizing an interesting parallel. "There are none so blind as those who will not see."

27, Surrey Street, Norwich,  
June 17, 1908.

Yours faithfully,  
E. B. ROCHE.

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### Reviews of Books.

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*The Clinic Repertory.* By P. W. Shedd, M.D., New York. Including a Repertory of Time Modalities, by Dr. Ide, of Stettin, Germany. Translated from the *Berliner Zeitschrift Homöopathischer Ärzte*, Band xxv., Hefte 3 and 4. 240 pages. Cloth, \$1.50. Philadelphia: Boericke and Tafel, 1908.

In devising fresh presentations for rapid reference of leading symptoms of the homœopathic *materia medica*, our American cousins show the ingenuity which we have been accustomed to expect from them. How far hasty prescribing from keynotes, and very much boiled down digests, is successful in the treatment of any but the simplest cases, we have our doubts. But that these publications supply a want, and are useful to many practitioners, the frequent issue of fresh aids to prescribing gives ample evidence. The present work is described as "A Clinic Repertory," not a clinical repertory. And this the "foreword"—we have advanced beyond the "preface" now—informs us, is a book in which "the essentials of rapid and accurate clinic and office repertorial work are, probably, assembled." How this differs from a clinical repertory can best be perceived by quoting the introductory sentence to the "Clinical Section" from Dr. Clarke's "Dictionary of *Materia Medica*"; he says: "Under the head clinical, I have given an alphabetical list of the diseases in

relation to which the remedy has manifested, or seems likely to manifest, some curative power." The little book before us seems to be an attempt to combine the two methods, *i.e.*, of a symptomatic repertory and a clinical repertory. We do not think the combination a happy one. The two presentations are on different lines and should be kept distinct. One is symptomatic and the other is pathological, and apt to lead to that fatal snare, which even the more advanced of our old school colleagues are beginning to doubt the wisdom of '—treating names of diseases instead of treating patients. There is, however, a legitimate use for the clinical repertory, in the ease by which one can run one's eye over the list of drugs given for a certain disease, and select two or three most probably useful, to decide between them by a repertory search. This method can only be relied upon in simple cases; where unusual symptoms occur they must be looked up separately, for, as Hahnemann told us, and as every homœopath knows, it is the rare and uncommon symptoms that are most valuable as guides.

In Dr. Shedd's book the first section contains aggravations and ameliorations, proceeding to peculiar sensations and alteration of complaints. Next follows the usual schema arrangement, which concludes with nervous system, muscles, and generalities. Six pages are then devoted to common diseases and conditions, this is too sketchy and brief to be of very high value. The same may be said of the "keynotes of fifty polychrests," which take only eighteen pages. The remainder of the book consists of a translation by Dr. Shedd from the German of a repertory of "appearances and aggravation of complaints according to time." This is described as a "unique and complete arrangement of time modalities." It certainly combines in a convenient form the modalities usually scattered throughout the larger repertories, and in cases where the time of symptoms as to appearance and aggravation is very clearly marked, will probably be of more value. In other cases we think it may be found to be misleading. Periodicity, when it occurs, is of great value in prescribing, but in the majority of cases we doubt if times of onset, &c., are of equal value in the selection of the remedy to the more generally recognized peculiarities.

<sup>1</sup> See BRITISH HOMŒOPATHIC REVIEW for May, p. 265.

The value of every repertorial guide can only be proved by its use in practice. One arrangement suits one man, another will not look at it. Practice in use and frequent handling are necessary to gauge the true usefulness of each of these handbooks. No doubt to some this little work will prove a boon, for ourselves, we do not feel inclined to forsake old friends for a new favourite.

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## Notices, Reports, &c.

### BRITISH HOMŒOPATHIC SOCIETY.

THE ninth meeting of the Session was held at the London Homœopathic Hospital on Thursday, June 4, at 8 o'clock. In the absence of Dr. Alexander, the President, Dr. McNish, Vice-President, took the chair.

The section of Surgery and Gynæcology had charge of the evening, and Dr. J. Johnstone, the Hon. Secretary of that section, arranged for its being a clinical evening, and a selection of cases was shown by members of the Society.

A resolution that a letter of condolence on the sudden death of Dr. Madden should be sent to Mrs. Madden and her three daughters by the Society was proposed by Dr. BLACKLEY, seconded by Dr. GOLDSBROUGH, and supported by Dr. BYRES MOIR.

The members then adjourned to the out-patient consulting rooms, where the cases were shown. The following is a list of them :—

(1) Dermatitis Exfoliata in a patient suffering from Renal Tuberculosis; Cause of Dermatitis apparently an Injection of Tuberculin (Dr. Blackley).

(2) Herpes Facialis (Dr. Blackley).

(3) Cerebellar Tumour with Optic Neuritis, boy, aged 14, train of symptoms, vomiting, fits, unconsciousness, headache (relieved by *melilotus* 3x), unsteady gait, hand tremors; degeneration in lateral columns of cord, spastic gait, increased knee jerks, wasted interossei, le main-en-griffe;



sensorium profoundly affected. Recent benefit from *hypericum* 3 (Dr. Day).

(4) Chorea, an unusual case, child exhibiting loss of power and vacancy of expression as chief symptoms (Dr. Goldsbrough).

(5) Compound Comminuted Fracture of bones of forearm, wired, followed by non-union; with skiagrams (Mr. Hey).

(6) Herpes Ophthalmicus & Keratitis and Iritis, secondary to Herpes Zoster of head; vesicle on cornea causing panophthalmitis (Mr. Hey).

(7) Distended Gall-bladder in a woman, aged 57. Noticed eighteen months ago, size has fluctuated since, no jaundice (Mr. Johnstone).

(8) Diabetes Insipidus, girl, aged 12, no sugar, sometimes passing 125 oz. per day (Dr. Byres Moir).

(9) Arthritis Deformans of left hip, man, aged 64, osteophytic outgrowths; X-ray photograph showing the bone growths, marked by arrows (Dr. Byres Moir).

(10) Papilloma of Tongue, in young man, of unusual form (Mr. Dudley Wright).

(11) Hernia and Hydrocele (Mr. Dudley Wright).

The members then returned to the board-room and a discussion took place in which most of those present took part.

The following specimens were shown.

(1) Adenoma of Uterus and Microscopic Section, showing adenomatous condition of the mucosa, removed for menorrhagia (Drs. Burford and Watkins).

(2) Carcinoma of Uterine Body and Cervix, removed by modified Wertheim operation, adenomatous polypus attached to cervix (Dr. Neatby).

(3) Microscopic Sections of above, prepared in laboratory of London Homœopathic Hospital.

(4) Microscopic section of Axillary Gland containing tuberculous and malignant deposits (Mr. Knox Shaw and Dr. Watkins).

(5) Vesical Calculus from man, aged 51, stone removed from right kidney, July, 1904, passed two small calculi per urethra 1906, during last six months attacks of pain in urethra with some hæmaturia; was dilated for urethral

stricture, stone felt by sound and removed by suprapubic lithotomy.

Weight 952 grains (Mr. Knox Shaw).

### BRITISH HOMŒOPATHIC ASSOCIATION.

#### FIFTH ANNUAL MEETING.

The Annual Meeting of the Association was this year held at its recently acquired premises, Chalmers House, 43, Russell Square. Two large rooms on the first floor were thrown into one for the occasion, and made a spacious apartment giving ample room for the comfortable accommodation of the large and enthusiastic gathering of ladies and gentlemen who are supporters of the Association. Unfortunately Earl Cawdor was unable to be present, but the position of chairman was well filled by Sir George Truscott.

The Honorary Secretary, Mr. C. E. Stewart, read the report, which was one of unusual interest. The Association during the past year has been active in many directions, one of its most striking deeds being the acquisition on favourable terms of the lease of 43, Russell Square, which will henceforth be the permanent home of the Association. The credit of finding the house and securing the satisfactory terms is due to Mr. Willett, while to Dr. Chalmers, of Bexhill-on-Sea, we are indebted for the generous donation of £600, which has been expended in putting the house into thoroughly good repair and in suitably decorating it. Mr. Cedric Boulton, of West Kirby, has given £25 towards furnishing. Two fine reception rooms on the first floor have been set apart, the one for a lecture room and the other for a library, and on the top floor a large room has been fitted up as a research laboratory. The rest of the rooms are let in offices, the rent from which it is expected will almost defray the rent of the house and the expense of a caretaker, so that the new premises will be but a very slight, if any, burden on the funds of the Association.

Towards the library Lady Tate has given the sum of £100; £25 has been spent on bookcases, and the remainder of the money will go to the purchase of books. Gifts of medical works to the library have been made by Drs. George Clifton, S. Compston, Simpson, Craig, Dyce Brown, Bryce, Munster, Pincott, Ramsbottom, Waddington, and J. H. Clarke. Miss Ockenden has also given a considerable number of books.

The library has been named the Tate Library in gratitude to Lady Tate for her donation.

For the equipment of the research laboratory £150 is required and about £250 per annum will be wanted to maintain it. Towards the former sum Mrs. John Mews has given a donation of £60, and has promised £70 towards the latter. Lord Calthorpe has given £20 for research work, and £50 accrues for the same object from the concert in the Æolian Hall, on March 17, which was organized by Dr. Wheeler. Dr. Wheeler succeeded Mr. Dudley Wright as director of the research department of the Association in March last year and under him investigations have been carried out in connection with clinical observations made by Dr. Ord, of Bournemouth, as well as work by himself on the relation between the administration of phosphorus and the opsonic power of the blood over the tubercle bacillus, and also observations on a micrococcus sometimes occurring in the sputum of patients who may or may not be the subjects of tubercle, but which seems to exert an influence on the tubercular condition.

Another direction in which the efforts of the Association on behalf of homœopathy have met with success, is in their action with regard to the Honyman Gillespie bequest. A committee representing the Council of the Association and the London Homœopathic Hospital, lodged a petition before the Court of Session in opposition to the educational scheme of the trustees of the Gillespie bequest, who in formulating their proposals had left the teaching of homœopathy dependant on the discretion of the trustees. Our committee won its case, with the result that the directions as to the teaching of homœopathy are now made mandatory instead of permissive only. The result has been that we receive from the bequest for the next five years the sum of £120 to £150 per annum for a lectureship in homœopathy, with the expectation that this sum will be materially increased at the end of that time if it can be shown that good use has been made of the money allotted during the next five years.

The Dudgeon Scholar for 1907 was Dr. Edith Neild, who spent three months in the Boston University School of Medicine, attending lectures on the organon and studying *materia medica* and therapeutics.

The homœopathic cause is progressing in Southport, where

under Mrs. von Stralendorff's advocacy and support the dispensary has flourished, increasing its usefulness and maintaining its finances in a healthy condition. But not satisfied with this the Southport homœopaths contemplate the building of a cottage hospital, and accepted the advice of the Association in the matter. Mr. Willett and the Honorary Secretary, Mr. Stewart, accordingly were requested to go to Southport to help, and after a good deal of trouble an ideal site for the hospital was discovered and the freehold acquired for £1,150. It is an old battery site, surrounded by golf links and the sea, but quite near the town. The Southport Committee found a friend to lend the money at 3 per cent., to be paid off as the Committee find convenient. There is to be an architectural competition for the building, limited to eight architects, four of whom are nominated by Southport and four by the Council of the Association, and the plans will be submitted to Mr. Norman Shaw, R.A., for his judgment. A prize of £15 15s. each will be given to the two architects who rank second and third in the competition, and the Association will find the money for one of these prizes. The hospital is to cost £4,500, of which nearly one half has already been collected by the Southport Committee.

Though the Association has had a year of such successful effort, its financial position is unfortunately not equally satisfactory, as there is a deficit on the year's working of £544. Receipts from subscriptions, &c., have not been as good as in former years, while the outgoing expenditure has continued to be large. A reason for the smaller subscription list may be found in the self-denial of the Association in refraining from making any appeal to the public during the time of the special appeal on behalf of the extension of the London Homœopathic Hospital; but as the money for this cause has now all been collected, the Association will feel at liberty during the coming year to ask that its own needs should be met in a similarly generous manner.

Sir GEORGE WYATT TRUSCOTT moved and Dr. ROBERSON DAY seconded the adoption of the report.

Of the subsequent proceedings the chief items of interest were the proposal by Dr. Burford of a resolution pledging the meeting to support an appeal to the public and the friends

of homœopathy for the collection of a sufficient sum, to place the work of the Association on an assured footing; the appointment of C. W. A. Stewart, Esq., to be Treasurer in the place of Joseph Howard, Esq., resigned; and a resolution proposed by Mrs. von Stralendorff, of commendation and support of the Southport Cottage Hospital. Mrs. von Stralendorff was able to announce the promise of £500 towards the Cottage Hospital on condition of the same amount being raised before the end of the year. The chairman before the close of the meeting declared that Dr. T. Simpson had generously promised the first £100 towards this amount.

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Messrs. Boericke and Tafel have given into the hands of their compositors the manuscript of a book of more than usual interest to the medical profession; namely, a translation of Rademacher's "Universal and Organ Remedies." The work is an abridgement of the original, taking in, as the title indicates, only matters of interest to-day, *i.e.*, the universal remedies and the organ remedies. The late Dr. J. C. Burnett drew largely on Rademacher for many of his peculiar remedies that so greatly aided him in his brilliant and successful career. Many scholars have asserted that Rademacher is really the primitive and pioneer homœopath. This little book—it will run to about 150 pages—will broaden the horizon of every physician who reads it and studies it.

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The Organon Lodge, recently founded in connection with homœopathy, is holding a meeting on the evening of July 2, to extend a welcome and offer hospitality to Brother Masons who may be in London at that date in connection with the Annual Meeting of the British Homœopathic Society and Congress. Further particulars will be forwarded on application to the Secretary, Organon Lodge, Westminster Palace Hotel, London, S.W.

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The Earl Cawdor, the Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received a cheque for £3,000, being on account of their share of the residue of the estate of the late Mrs. Elizabeth Mason, of St. Leonards-on-Sea.

THE President of the Congress, Dr. Murray Moore, has sent us the following synopsis of his forthcoming address entitled, "Foreshadowings of Homœopathy, from Hippocrates to Hahnemann."

#### CHRONOLOGICAL TABLE ILLUSTRATING THE PRESIDENT'S ADDRESS.

##### THE SEVEN PERIODS OF THE HISTORY OF MEDICINE.

- I.—B.C. 570 to A.D. 120. Pythagoras, Hippocrates, Asclepiades, Dioscorides, Themison, Aretæus.
- II.—A.D. 120-1500. Galen, Celsus, Arabian Physicians, Early Mediæval Schools (Salerno, Padua, Salamanca, Montpellier).  
Church Decree forbidding Medical Practice to Priests, 1162—Roger Bacon.
- III.—A.D. 1500-1640. Paracelsus, Vesalius, Eustachio, Lord Bacon, Van Helmont.
- IV.—A.D. 1640-1738. Harvey, Sylvius de la Boë, Boyle, Sydenham, G. E. Stahl, F. Hoffmann, Radcliffe.
- V.—A.D. 1738-1800. Von Haller, Baron Stoerck, DeHaen, Mead, Cullen, Brown, Jenner.
- VI.—A.D. 1800-1847. HAHNEMANN, Rasori, Broussais, Bretonneau, Trousseau, Rademacher, Ling, Priessnitz.
- VII.—A.D. 1847-1908. J. Y. Simpson, Lister, Hughes-Bennett, Pasteur, Finsen, Koch, Almroth F. Wright, &c.

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#### THE BURNETT FUND.

THE Honorary Secretary of the above Fund announces a donation of £5 from Mrs. Wingates, and a subscription of £1 from Major Lister.

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#### ERRATUM.

IN the June number of the BRITISH HOMŒOPATHIC REVIEW, p. 345, fourth line from foot, *bryonia* is given as having restlessness; it ought to be aggravation from movement, just the opposite of restlessness.

## NOTICE TO CORRESPONDENTS.

\*.\* *We cannot undertake to return rejected manuscripts.*

**All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.**

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. MCLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30 a.m.; Out-patients, 2 p.m. daily); SURGICAL, Out-patients, Mondays, 2 p.m., and Saturdays, 9 a.m.; Thursdays and Fridays, 10 a.m.; Diseases of Women, Out-patients, Tuesdays, Wednesdays, and Fridays, 2 p.m.; Diseases of Skin, Thursdays, 2 p.m.; Diseases of the Eye, Mondays and Thursdays, 2 p.m.; Diseases of the Throat and Ear, Wednesdays, 2 p.m., Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9 a.m.; Diseases of the Nervous System, Thursdays, 2 p.m.; Operations, Tuesdays and Fridays, 2.30 p.m.; Electrical Cases, Wednesdays, 9 a.m.

Contributors of papers who wish to have reprints are requested to communicate with the Publishers, Messrs. BALE, SONS AND DANIELSSON, LTD., who will make the necessary arrangements. Should the Publishers receive no such request by the date of the publication of the REVIEW, the type will be broken up.

All books for Review should be sent to the Publishers.

Papers and Dispensary Reports should be sent to Dr. MCLACHLAN, 3, Keble Road, Oxford.

Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from Dr. WYNNE THOMAS (Bromley), Dr. J. H. CLARKE (London), Dr. DYCE BROWN (London), Dr. J. GALLEY BLACKLEY (London), Dr. GRAVES (Hull), Dr. PURDON (Croydon), Dr. NEWBURY (Plymouth), Dr. THOMAS SIMPSON (Southport), Dr. PAUL TESSIER, Dr. R. S. COPELAND (U.S.).

## BOOKS AND PERIODICALS RECEIVED.

*St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate*

# THE BRITISH HOMŒOPATHIC REVIEW.

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AUGUST, 1908.

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## The Congress.

THE British Homœopathic Congress for 1908 has come and gone, and its members have dispersed to their various practices and holidays—many, we hope, to obtain fresh health and strength for future effort.

This year's meeting must count as an especially successful and encouraging affair. The numbers attending were well up to the average, the papers read were distinctly above the average, the business arrangements were admirably conducted, and last but not least, the social functions, and especially the dinner, were very happily discharged, and enjoyed heartily by all present.

It was a wise thought of the Congress Committee to select the subject of cancer for consideration in the three papers read. Next to tuberculosis, no disease demands annually so many victims, or is so greatly dreaded and feared by the general public. Its ravages and terrors are continually paraded in extravagant language by the daily press, and the public are constantly informed of every step—false or otherwise—in the history of its study and attempted cure. For such reasons the time seemed ripe for full discussion on the subject by those who, whilst making full use of the advantages given by the law of similars in medicinal alleviation, have also availed themselves of every modern discovery, both in surgery and in physics, that can possibly be of use in the treatment of malignant disease in its varied forms. In the three papers presented to the Congress, an admirable account was given of every treatment that has shown



itself in the hands of the most experienced physicians capable in any way of alleviating, retarding the growth, or of curing any cases of this fell disease.

Although a note of pessimism was struck by one or two speakers, we noted on the whole a healthy spirit of encouragement and of confidence that progress was being made, and would continue to be made in the study and successful treatment of cancer. Almost every speaker could tell of some case in his experience that had been greatly relieved by some form of treatment, and a few that had been cured, and this, too, excluding the use of the knife and morphia. Also it was gratefully acknowledged that surgery is far more successful in actually curing cases by removal than had formerly been the case, and that means now existed by which recurrence of a growth after operation was rendered distinctly less frequent. In the treatment by X-rays, a number of cases of undoubted cure have recently been effected, and now that the safe use of this powerful remedy is possible, it is evidently proving to be an invaluable aid in the cure of the more superficial forms of malignant growth.

Lastly, we noted with pleasure the testimony given to the undoubted value of homœopathic remedies, chosen according to the symptoms and continually persisted in, both in enabling morphia to be dispensed with, in retarding the growth of cancer in a good number of cases, and in alleviating many of the more disturbing symptoms even in hopeless forms of the malady.

The papers and discussion at this Congress will certainly have had one good effect : that of encouraging all who heard them—and, we trust, those who read them also in these pages—to go forth with renewed hope and skill, fortified further by many helpful suggestions, in their warfare with this terrible scourge. If the sick-bed of some poor sufferer is cheered by fresh hope, and his pains alleviated by some means suggested at our meetings, the 1908 Congress will not have been held in vain.

At the Congress Dinner in the Holborn Restaurant, a pleasing feature of the evening was the presentation made to our old friend and colleague, Dr. J. W. Hayward, of Liverpool. Together with Dr. A. C. Clifton, whose failing health

unfortunately prevented his presence at the Congress, Dr. Hayward is one of the last remaining veterans of the good old school of homœopathy, and this was a fitting occasion on which to present him with a valuable token of the affection and esteem with which he is universally regarded in homœopathic circles.

We cannot conclude this brief notice of the Congress without an expression of the sad regret with which the absence of one familiar face was universally felt, that of the late esteemed treasurer, Dr. Madden. His loss is mourned by us all; indeed, it seemed strange to attend a Congress without him.

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### **British Homœopathic Congress.**

THE Annual Congress was held this year in London, at the London Homœopathic Hospital (by kind permission of the Board of Management), on Friday, July 3. The chair was taken by the President, Dr. John Murray Moore, of Leamington, and there were present between sixty and seventy members from various parts of the country.

The President opened the proceedings with his address, which was on the subject "Foreshadowings of Homœopathy, from Hippocrates to Hahnemann."

### **PRESIDENTIAL ADDRESS.**

In opening the proceedings of this, the Forty-fourth British Homœopathic Congress, my first duty is to thank the Council and members of the Congress of last year for the great and unexpected honour of election to this chair. Unworthy as I am to follow the series of illustrious homœopathic physicians who have presided at these successful gatherings in the past, I accepted the post because I felt it to be a recognition by my colleagues of forty-two years strenuous work of homœopathy; and also as an appreciation of my contributions to our journals and societies, now amounting to one hundred papers, cases, and provings, a little book ("Common-sense Homœopathy"),

which has induced many of its readers to make trial of homœopathy, and lastly, a "*Protest against the Exclusion of Homœopaths from the New Zealand Medical Association.*" This bold stroke in 1888 for medical liberty, strongly supported by the Press, succeeded in obtaining the omission of a clause in a Bill then passing through the Colonial Parliament, which was designed to make the open practice of homœopathy illegal in the Dominion of New Zealand.

Time and travel have but strengthened my faith in our glorious system. Whether in the sunny land of California or in the "Brighter Britain of the South"—

"By the long wash of Australian seas,"

I have found homœopathy everywhere welcomed, and everywhere successful.

It has become the custom of the President to remind the Congress year by year of those colleagues who have passed away since the previous meeting. To-day we have the shadow over us of the sudden demise of our Hon. Treasurer for many years past, Dr. Edward Monson Madden, the son of Dr. Henry R. Madden, who, when President of the Congress at Oxford in 1871, delivered a splendid address on the "The Relation of Therapeutics to Modern Physiology." Dr. Edward Madden was highly successful in practice both in Birmingham until 1888, and in Bromley, where he founded the Phillips Memorial Hospital. His kindly nature and gentle manner endeared him to a large circle of patients, and his friends found him true and steadfast. He had of late been subject to attacks of angina pectoris, and to one of these paroxysms he succumbed, at the age of 57, on May 18. I am sure that this Congress will express their sincere regret at our loss, and present condolences to his widow and orphaned daughters.

The veteran Alfred Crosby Pope, born at Leamington in 1830, died suddenly of cerebral hæmorrhage at Margate, on March 26 last. Having passed successfully through the course of study for the degree of M.D. at Edinburgh University under the old statutes, he was in 1851 referred back at his final examination solely because of his avowed intention to study homœopathy. This shameful conduct of the Medical Faculty of the University Senate was imitated by the University of Dublin, when, in 1854, they refused to confer the M.D.

degree upon Dr. William Gwynn, who had been practising homœopathy in Liverpool since he had taken his M.B. degree. Such gross injustice has since then been rendered impossible by Lord Ebury's clause in the Medical Act of 1858. Dr. Pope practised with marked success in several towns, and became one of our ablest writers and lecturers. For thirty-four years he was Joint Editor of the *Monthly Homœopathic Review*. He wielded a facile pen, possessed great powers of expression, and never wrote an ill-natured or unjust criticism. I feel it is but a just personal tribute to his memory to acknowledge the graceful, kind, and most appreciative obituary notice he wrote in 1891 of my dear father Dr. John Moore, who filled this chair in 1883.

Dr. Leopold Salzer, of Calcutta, to whose vigorous and successful propaganda and practice homœopathy owes its influential position in India to-day, died on November 25, 1907, after a long illness. A striking testimony to the character of our deceased colleague was given by a leading Calcutta newspaper, *The Statesman*, of November 26, 1907.

Dr. C. E. Waddington, of Bradford, died on December 10, at the age of 52, worn out by the strain of working his extensive practice in that populous town, where he was much esteemed. He was skilful, thorough, and of genial temperament.

My friend and colleague, Dr. Charles Vidler Cay, of Leamington, died there in January of heart failure, at the ripe age of 84. He had served his Queen and country in the Army for thirty-three years, retiring in 1879, with the rank of Surgeon-General. Homœopathy having saved his life in an attack of appendicitis, he studied our system and adopted it with enthusiasm. He was a benevolent, generous Christian, actively engaged in healing souls as well as bodies. His presence at religious gatherings is much missed in Leamington. His kindness to me, on arriving at Leamington, I shall not soon forget.

As the veteran and the middle-aged drop out of our ranks, we look to the younger men to come forward and fill the gaps. Our territorial forces are not yet numerous enough to occupy all the available strategic positions. These Congresses, by bringing the seniors into personal contact with the juniors,

by discussion of important subjects, and by the genial social gathering that winds up the day's proceedings, do much to consolidate our small body, and to strengthen the cause of homœopathy. In Great Britain, and especially in this great Metropolis, homœopathy is maintaining the forward movement begun in 1902 by the British Homœopathic Association. This vigorous young Society has taken the advice which the Prince of Wales gave to the nation in his famous Mansion House speech—"Wake up, England"—and its motto has been, "Wake up, homœopaths!"

I congratulate the Association upon the opening of a Research Laboratory and Lecture Rooms in Russell Square; for this institution gives homœopathy a scientific standing before "our friends the enemy," and the work done there, already valuable, gives promise of greater things.

Papers recently read before our Society on Phosphorus and the Opsonic Power of the Blood over the Tubercle Bacillus, on the Acidity of the Urine, on Radium as an Internal Remedy in Cancer, show distinctly that homœopathic practitioners are thoroughly up to date in the collateral sciences and the most recent discoveries. By the assistance given to the excellent scheme for a Cottage Hospital in Southport the Association is also promoting our cause in the Provinces.

And, lastly, I heartily felicitate the Extension Committee of this Hospital on the noble response of £11,245, subscribed at the Festival Banquet presided over by Earl Cawdor in November last.

And now to the subject of my address, namely,

#### "FORESHADOWINGS OF HOMŒOPATHY FROM HIPPOCRATES TO HAHNEMANN."

In the Appendix to the fifth edition of the *Organon*, Hahnemann, with his usual industry and research, adduces no less than ninety-four examples of unconsciously homœopathic treatment by drugs, and certain imponderabilia, quoted from the records of 327 medical men of previous centuries. In his admirable booklet, "The Permeation of Present Day Medicine by Homœopathy," a copy of which should be in the library of every non-homœopath, Dr. Dyce

Brown has given a very large number of examples of the recommendation and use of seventy-three medicines in diseases to which they are plainly homœopathic. The period of time covered is from 1856 to 1902.

Now the researches I have made for this address are both supplementary and correlative to those of these two distinguished authors.

My object is to trace in the recorded works and practice of the Leaders of Medicine, from Hippocrates to Hahnemann, anticipations of the Law or Rule of Similars, the single specific remedy, its dynamic force, the vitalism of disease, the search for a rational explanation of the action of drugs, the classifying of morbid dyscrasiæ, and so on, all of which are now known as parts of homœopathy.

If I am able to show evidences of these matters of debate distinctly identical with Hahnemann's doctrines, I may fairly claim that our opponents must accept the fact that *homœopathy is a part of the records of orthodox medicine*—better termed general medicine—in which all medical men, whatever opinion they hold, have a common inheritance.

Let it not be supposed for a moment that in any part of this paper there is any imputation of plagiarism by Hahnemann. Dr. Ameke has ably refuted the false and malicious charges of this kind made by Ploucquet, Schultz, and others, in his "History of Homœopathy" (pp. 300-308).

With wise frankness Hahnemann forefends these anticipated attacks in the introduction to the *Organon*, thus: "I do not bring forward the following passages from authors who had a presentiment of homœopathy as proofs in support of this doctrine, which is firmly established on its own merits, but in order to avoid the imputation of having suppressed these foreshadowings with the view of securing for myself the credit of the priority of the idea" . . . . "Hitherto no one has ever taught this homœopathic mode of cure—no one has carried it out in practice. But if the truth is only to be found in this method, as I can prove it to be, we might expect that, even though it remained unperceived for thousands of years, distinct traces of it would yet be discovered in every age."

The art or science of medicine, as known in Europe,

originated in the Isles of Greece, and in the Grecian cities of Asia Minor.

The Island of Kos, in the Ægean Sea, gave birth to Hippocrates, the Father of Medicine, about 460 B.C. This priest-physician of the Temple of Æsculapius was a wise and shrewd observer of disease. Most of his 412 Aphorisms remain true for all time, and his "facies Hippocratica," the surest sign of approaching death, has perpetuated his name at the bedside.

As the wonderful Greek mind evolved the Art of Medicine, it was but natural that all the famous physicians, down to the period of the Byzantine Empire; all the classic medical works; and nearly all the terms used in anatomy, physiology, pathology, and materia medica were and are Greek. Appropriately, then, is the name of our therapeutic system a Greek one, and yet, in imitation of the Americans, and for the convenience of type-setters, some writers and editors convert the  $\alpha$  into  $e$ , disguising its etymology, and disfiguring its pronunciation. I, for one, protest against "homœopathy" being turned into "home-opathy"—even though it is so closely associated with domestic practice.

If we take a general survey of medical history from Hippocrates to Hahnemann, we can see that its progress as a science during the twenty-four centuries of its existence has been by zig-zags—sometimes ascending, sometimes going down hill. Neither created by one great brain nor evolved by processes similar to those which developed other sciences, medicine has been slowly and intermittently built up by men gifted with shrewd observation, unusual curiosity, a turn for experiment, good memories, or a talent for writing.

This last is the most important, perhaps, of all these talents, because, without such compilers as the Hippocratic disciples, Dioscorides, Celsus, and Boerhaave, we should have had no systems to discuss. We certainly owe our *materia medica* to Dioscorides, a Greek from Cilicia, about whom so little is known that it is uncertain whether he lived in the first or in the second century A.D. Even his vague descriptions of plants, amusing us by their mixture of accuracy and credulous superstition (*e.g.*, the doctrine of signatures), afford homœopaths valuable information, because we hold the key to therapeutics.

Long periods of stagnation in the progress of the healing art have been interrupted at intervals by the bold theory and still bolder practice of some daring original thinker, such as Asclepiades, Roger Bacon, Paracelsus, Harvey, Brown, and Stoerck, and especially Hahnemann. Each of these, in his time, flashed a new light into the darkness of a blind and ignorant routine, and some of them permanently improved the science of medicine. But anatomy and physiology remained in a rudimentary condition up to Harvey's momentous discovery of the circulation of the blood. Viewed as a whole, the practice of medicine, down to the end of the eighteenth century, only too sadly justified the bitter sarcasm of the French philosopher, who defined medicine as "a science founded upon conjecture and improved by murder."

For the sake of lucidity, we will survey the history of medicine chronologically, by definite ages, epochs, or periods. To save our time I have arranged a chronological table, now in your hands.

It will only be possible to notice the principal theories of each period, and the most important of the personages whose ideas and practice influenced their ages. Some biographical details are included, or we cannot realize the manners, ways, and crystallized credulities of the time. One benevolent thought I had in mind when choosing my subject was that we should all be profoundly thankful that we did not live in the so-called "good old times."

#### PERIOD I.

Pythagoras (570-500 B.C.) declared that Nature consisted of four elements: fire, air, earth and water. Hippocrates (460-361 B.C.) defined the human body as composed also of four corresponding elements—the four humours—blood, phlegm, black bile and yellow bile. All diseases arise out of the excess, deficiency, or mis-proportion of these humours. By restoring the correct proportion, diseases are cured. The progressive stages of any disease were these three :—

(a) Crudity, when the morbidity or *materia peccans*, as it was called, developed out of a morbid humour, was working in the system. (b) Paroxysm, when the *vis medicatrix naturæ* began to antagonize it by heat. (c) Crisis, when the *materia*



*peccans* was expelled from the patient by sweat, hæmorrhage, diarrhœa or polyuria.

Every remedy was labelled as "hot," "cold," "dry," or "moist." A hot remedy was used for a cold disease, a moist remedy for a dry disease, and so on.

Violent measures were employed in treatment, with the object of "imitating Nature" by bringing on crisis, which was the grand watchword of the Hippocrateans.

Clysters, blisters, bleeding to fainting, strong purgatives, black hellebore, white hellebore, extraordinary mixtures of poisonous herbs, of certain parts of animals, &c., constituted Hippocratic practice. The process of cure was termed "qualifying the humours."

In Shakespeare's "King John" (Act V., Scene 1) the Monarch, appealing to the Papal Legate to stop the tide of French invasion, says :—

"This inundation of mistempered humours  
Rests by you only to be qualified,  
Then pause not, for the present time's so sick  
That present med'cine must be minister'd,  
Or overthrow incurable ensues."

Several cures by Hippocratic methods have been found recorded on votive tablets discovered in Italy, but, if one can judge from the book on epidemics, the mortality must have been frightful ; out of forty-two well-described cases of fevers and pleurisies, twenty-five died—a mortality of more than one-half.

In the Hippocratic writings there is a strong contrast between the minute and accurate details of diseases and injuries and the barbarous treatment of the sufferers. If the milder measures sometimes ordered by the oracles, such as the wearing of charms, amulets, and written formulæ, the vows of sacrifice, prayers to the gods, massage and exercise, bathing in or drinking thermal waters, &c., had been more often employed, the mortality from disease would have been much less.

As to the principle of cure, we read in the twenty-second Aphorism of Book II. that, "in general, diseases are cured by their contraries." This we should call "enantiopathy," which was the most ancient, prevalent, and enduring principle of

therapeutics, until Hahnemann's discovery of *similia similibus curantur*.

In the Hippocratic book entitled "Περὶ τόπων τῶν κατ' ἀνθρώπων," we find the earliest mention of the Rule or Law of Similars. The passage is this: "διὰ τὰ ὅμοια νοῦσος γίνεται καὶ διὰ τὰ ὅμοια προσφέρμενα ἐκ νοσεύντων ὑγιαίνονται" ("Like causes produce a disease, and it is by the application of like remedies that people are made well after illness"). I have to thank my learned colleague, Dr. McLachlan, for this accurate rendering.

There is one actual homœopathic cure recorded by Hippocrates, and quoted by Hahnemann: "An Athenian was seized with cholera, which no remedies relieved, and he had all but succumbed to the vomiting, purging, violent spasms and prostration, when he drank the juice of white hellebore, mixed in the juice of lentils, and recovered." This plant is our well-known *veratrum album*, exactly homœopathic to cholera and choleraic diarrhœa. Hippocrates advises mandrake (*Atropa mandragora* of the Solanaceæ) to be given in certain cases of mania, to which this plant is manifestly homœopathic, for it produces similar effects if accidentally eaten.

The "like cures like" idea occurred to at least one non-medical mind during the Age of Hippocrates. Athenæus, of the second century A.D., quotes some verses from the Greek poet Antiphanes, 404 B.C., who was a comic poet, the author of ninety popular comedies, the translation of which runs thus:—

"Take the hair, it is well written,  
Of the dog by which you're bitten;  
Work off one wine by his brother,  
And one labour with another,  
Horns with horns, and noise with noise;  
One crier with his fellow's voice," &c.

One surmises whether Shakespeare had ever read a version of these lines before he put into the mouth of Benvolio, in "Romeo and Juliet":—

"Tut! man, one fire puts out another's burning,  
Turn giddy, and be help by backward turning," &c.

Asclepiades, of Bithynia (B.C. 90), who made a great reputation in Rome as a physician and orator, and was intimate

with Cicero, originated a new theory of health and disease. He asserted that the human body is formed out of corpuscles or atoms endowed with motion. In health, these atoms circulated freely through invisible "pores," but when these "pores" became obstructed, disease resulted. Some diseases, such as hectic fever, syncope, and dropsies, are caused by the great size of these pores.

His treatment consisted of generous diet, open-air exercise, friction, and baths of all kinds. He was the first to introduce the shower-bath. By giving wine in cases of lethargy he practised a crude homœopathy. Asclepiades backed up his own skill by making a wager with a friend that he himself would never be ill. He won it by living to a good old age, and then being killed by a fall. He was the author of the well-known phrase, "It is the duty of the physician to cure *tuto, cito, et jucunde*" (safely, quickly, and pleasantly).

The chief disciple of Asclepiades, Themison of Laodicea, who lived in the first century of our era, founded the school of the "Methodists" or "Routinists," a type of certain modern physicians. These Methodists divided all diseases into three classes: *strictum*, characterized by too little secretion or discharge; *laxum*, by too much secretion or discharge; and *mixtum*, by too much secretion from one organ of the body and too little from another, at the same time. Their practice was to give evacuants in Class 1, *strictum*, astringents in Class 2, *laxum*, and in Class 3, *mixtum*, either evacuants or astringents, according to the preponderance of the excess or deficiency of the secretions or discharges. A very simple system, certainly, but not leading to rational practice, if we take its founder's method of treating pneumonia with baths and inunction of oils as a specimen.

Athenæus, also of the first century A.D., and his follower Aretæus, conceived the original idea that the *pneuma*, or spirit, an immaterial active principle, was the basis of life, and that its injury or disturbance was the cause of every disease. This was called the "Pneumatic School" of physicians, and offered to posterity the absurdity of driving out the *spirit* of a disease by bleeding, cupping, leeches, aperients, &c.—all very severe and *corporeal* methods. Throughout all this

primitive age of medicine the principle of contraries seems to have been general. But also it is evident that spells and magic charms, and the influence of the planets, favourable or otherwise, were believed to control disease.

The more rare and costly a drug was, the more potent as a remedy. Extraordinary compounds were in vogue: "Mithridate," with its fifty-two ingredients, was a protective against all poisons; "Theriacum" (whence we get our word "treacle"), composed of sixty-six solids and fluids, cured fifteen different diseases, and was recommended to be taken twice a day for seven years by those who had been bitten by venomous reptiles or insects. An overdose of theriacum brought the philosopher Eudemius to the gates of Hades, but Galen saved his life by a small dose of the same compound!

#### PERIOD II.

The period of Galen and his successors, down to the birth of Paracelsus, extends from 130 to 1500 A.D.

Claudius Galenus, the son of an architect, was born at Pergamos, in Asia Minor, 130 A.D. In the imperial city of Rome he earned a great reputation, especially for prognosis, and was the medical attendant of four successive Cæsars—Marcus Aurelius to Commodus. His life being in danger at Rome, from the jealousy and hatred of his professional brethren, he returned to his native city, Pergamos, where he died at the age of 70, about 200 A.D. His two hundred treatises, a kind of medical encyclopædia, gave him the great influence which lasted for fifteen centuries after his death. Orthodox practitioners regarded his works as the Scriptures of Medicine. His pathology was rather more complex than that of Hippocrates, as we shall see.

Galen held that the soul resided in the brain, to which the spirit or pneuma had access by means of the foramina which, he believed, ran through to the skull from the nostrils. Hence the benefit of sternutatories; the sneezing was supposed to clear the ventricles of the brain and allow the soul to be refreshed by the pneuma, or spirit. Galen originated the phrases "remote" (including "predisposing" and "exciting") and "proximate" causes of disease. He also devised the varieties of strength and rapidity of the pulse, enumerating

twenty-seven varieties of each of these. He taught that from the four Cardinal Humours of Hippocrates arise four different temperaments and eight distinct dyscrasiæ. Every remedy was hot or cold in the first, second, or third degree; and moist or dry in a similar ratio. If one meets with a disease which was cold in the first degree and dry in the second degree, one must choose a medicine which is hot in the first degree and moist in the second degree, on the favourite Galenic principle of *contraria contrariis curantur*. The learning and acumen of Galen did not save him from the prevalent belief in charms and amulets. He wrote, "I once knew a boy who was never seized with an epileptic fit after he carried a large piece of fresh pæony hung from his neck."

In the same "spirit of the age," Alexander of Tralles, in Asia Minor (360 A.D.), famous as having introduced colchicum seeds for the treatment of gout, recommends, as a cure for epilepsy, "a nail taken out of the arm of a malefactor who had been crucified."

Let us now consider how monks and medicine became allied in the early centuries of the Christian Era. Josephus tells us of the Essenes, who were the Jewish hermits, that "they lived lives of self-denial, apart from the world, yet seeking to help the poor, and the sick who sought them out, and that they spent much of their time in "enquiring diligently after such roots and medicinal stones as may cure their distempers." Naturally these holy men, applying their knowledge of herbal and mineral simples for the relief of the sick, came to be known as *Therapeutæ*, or "Healers." Christian monks and hermits followed this example; and thus the priest became the physician, and mingled miraculous with ordinary physical means of cure.

It is noteworthy that in 690 A.D., Theodore, Archbishop of Canterbury, issued a Manual of Medicine for priests and monks who practised, in which there is an injunction "not to bleed persons while the moon is waxing." In time, a hospital became an appendage of every large monastery.

In the course of the first nine Christian centuries the degeneration of morals which pervaded both eastern and western churches affected these *Therapeutæ*, who abused their expert knowledge of vegetable and mineral poisons to get

quietly rid of their personal enemies. Thus, probably, *antimony* (*stibium*), for a long time a secret drug, received its name *antimoine*, an enemy to the monk. It came to pass, therefore, that in 1162, the Œcumenical Council of the Western Church, held at Montpellier, issued a decree forbidding the practice of medicine to all priests and monks.

The Arabian School of physicians, which the most enlightened of the early Caliphs of Islam established, deserves mention, because they preserved to us, in Arabic, the Greek and Latin medical classics, which would otherwise have been lost in the fanatical destruction of the Alexandrian Library, and of many private collections, by the early Muhammadan conquerors. Honain of Bagdad, 876 A.D., first translated Hippocrates, Galen, Plato, Aristotle and Euclid. Rhazes (926-1000 A.D.) first described small-pox and measles. Avicenna (980-1037) wrote a canon of medicine which became a textbook in all medical schools down to the seventeenth century. Averrhœs, of Cordova (1126-98), improved the philosophical system of Aristotle, and Roger Bacon became one of his followers. We owe to these Arabians the beginning of chemistry (their "Alchemy"), the first apothecary's shop, the earliest pharmacopœia, the process of distillation, alcohol, senna, rhubarb, indigo, and musk.

From the twelfth to the sixteenth centuries Italy took the lead in medical education. By the year 1500 there were sixteen universities in Italy, most of which had a medical faculty, while Germany had eight, France six, and Britain only two—Oxford and Cambridge.

Roger Bacon (*b.* 1214, *d.* 1294), who made many discoveries in astronomy, chemistry, optics, and physics, was the first British inductive philosopher, and the first independent mind to break off the slave-chains of tradition. It is true that his daring thought and ingenious inventions carried him into the dungeons of the Inquisition at Rome, where he languished for ten years; but he escaped with his life, and earned the honourable title of "Doctor mirabilis." The Four Impediments of Knowledge (in his "Opus Majus") should be noted by all reformers of medicine: (1) A too great dependence upon authority; (2) allowing too great weight to custom; (3) the fear of offending the vulgar; (4) the affectation of

concealing ignorance by the display of a specious appearance of knowledge.

During the second period of medical history the doctors paid too much attention to theories of schoolmen and too little to the practical study of diseases—especially of new forms of epidemics. We could have no greater proof of this neglect than the absence of any single reference to the terrible "sweating sickness," which devastated England from 1485 to 1551, in three outbreaks, in the works of Dr. Thomas Linacre (*b.* 1460), translator of Galen, physician to Henry VII. and Henry VIII., and Founder of the Royal College of Physicians. The medicine of that age seemed powerless against this plague. Doctors lost faith in their physic, and the people, losing faith in their doctors, resorted to astrologers, quacks, and sellers of panaceas. To the pathetic appeal of the Parisians for some effective remedy, the College of Physicians of Paris sent this solemnly futile reply: "We, the members of the College of Physicians at Paris, having after mature consideration and consultation on the present mortality, collected the advice of the old Masters, are of opinion that the constellations, with the aid of Nature, strive, by virtue of their divine might, to protect and heal the human race." Not until the sufferers from sweating sickness were treated by sudorifics was the mortality checked (Sennert) — a mediæval example of homœopathy.

### PERIOD III.

The third period of medicine begins with the revolt against Galenism inaugurated by that extraordinary character, Theophrastus Bombastes von Hohenheim, who called himself Paracelsus. Born in 1493, at Einsiedeln or Hohenheim, near Zurich, he was self-educated, roaming over Europe (and some say into Egypt and Asia), picking up knowledge of chemistry, metallurgy, and medicine; performing cures, real and pretended, which made him famous. Returning to Switzerland at the age of 33, he was appointed, through the influence of the Reformer Œcolampadius, Professor of Physic and Surgery in the University of Basle in 1526.

He began his course of lectures by publicly burning the works of Galen and Rhazes, exclaiming that they did not

know so much as his shoe-latchets. Original in everything he said or did, Paracelsus lectured in German instead of Latin. "Reading," he said, "never made a physician—only practice. Countries are the leaves of Nature's code of laws; patients the only books of the true physician." With trenchant sarcasm he denounced the humoral pathology of Hippocrates and Galen, and the compound mixtures of drugs given to patients. "What you call humours," he said, "are not diseases; that is the disease which makes these humours. How can a physician discover the disease in the humours, when the humours spring out of the disease." Again he said, "The whole design of '*contraria contrariis curantur*,' that is, hot remedies cure cold diseases, is false; there is no proof of a disease being hot or a remedy being cold." Can you cure the gout, the plague, or any other disease in this way? Certainly not. And look at the receipts (prescriptions) they give you for remedies. In their herbals you will find how one herb has fifty or one hundred virtues, that it will cure so many diseases. But in their receipt (prescription) books you will find forty or fifty such herbs in one prescription against one disease."

So far, well said, Paracelsus! But his substitutes for these erroneous theories were equally defective and even more incoherent. The limiting notion of a three-fold unity pervaded the speculations of Paracelsus. Medicine consisted of three parts—philosophy, astronomy, alchemy; the world of three elements—air, water, earth; every body (corpus) of three substances—mercury, sulphur, and salt. Disease was a sort of evil spirit generated out of an excess or deficiency of these three last substances. A true physician recognized a disease by intuition and knew the plant or mineral to which this evil spirit bore the closest resemblance, so that, being similar in kind, but stronger in degree, the remedy (arcanum, he called it) might subdue the disease. Paracelsus went so far on our path as to assert, "*simili sui simile curat*" ("Like treats its own like"). He believed in specifics, as we do. Every disease has its own arcanum—in modern phrase, its specific. In the following sentences, "The arcanum is not the visible outward thing, the plant or mineral we look upon, but the indwelling spirit." . . . "Arcanum is the whole or total virtue of



a thing"—we have a foreshadowing of the dynamic force of remedies.

Amid much rhodomontade, verbal mystification, paradox, and dog-Latin, a fine thought occasionally appears, such as the following: "What is it" writes Paracelsus, in a passage on alchemy, "that ripens the pears? What is it that brings the grapes to maturity? Nothing but Nature's alchemy."

It may have been some of these touches of poetic fancy, as well as the occasional flashes of real philosophy in the few writings remaining of this extraordinary quack-genius, that incited our great poet Browning, who had been reading the *Life of Paracelsus* in the French "*Biographia Universelle*" of 1822, to compose his drama "*Paracelsus*" (published 1835), the best example of psychological monologue in all the poet's works. Of course, it is an idealized portraiture of its hero.

To the disparagement of his talents and his desire for medical reform, this bombastic itinerant lecturer led a stormy, dissipated, and unhappy life. He was expelled from his Chair at Basle, and finally, at Salzburg, was killed by a fall from a window, whence he had been ejected by the servants of a doctor whom he had grossly insulted, in 1541.

After three centuries his memory was rehabilitated by the eulogistic memoir written by J. G. Rademacher (1841), as a preface to his new system of "*Organopathy*" which is avowedly based upon the same teachings of Paracelsus upon specific remedies. Doubtless his timid and treacherous secretary, Oporinus, and his bitter enemy, Thomas Erastus, have exaggerated the bad features of his life, and we find Zimmermann (1780) summing up his habits thus: "He lived like a hog, looked like a carter, frequented the society of the lowest rabble, was drunk the greater part of his life, and seemed to have composed all he wrote in that condition." Yet this is the man of whom Van Helmont, eighty years afterwards, wrote: "Paracelsus was the fore-runner of true medicine, God-sent, armed with true knowledge"; of whom our own Burnett said: "Hohenheim was an eminent and learned physician . . . a man far in advance of his time . . . a fore-runner of homœopathy." I cannot but think that the sudden outburst of Paracelsianism in the first half of the nineteenth century, when no less than four biographies

of the "arch-quack," as the profession at large called him, were published, between 1820 and 1841, was *created by the purpose* of the medical authors (Kurt Sprengel not excepted) to *prove Hahnemann a plagiarist from Paracelsus's doctrines*, since Ploucquet, in 1806, roundly accused him of the robbery. This is the reason why I have devoted so large a section to Paracelsus. In practice, he used mercury expertly for the cure of syphilis, and laudanum with far more skill than his contemporaries; copper, arsenic, antimony—all new drugs—he introduced into medical practice.

During this third age the anatomical discoveries of Vesalius (1514-64), Eustachio (1512-74), Sylvius (1478-1555), and others, improved medical knowledge of the body, but led to no change in the routine of Galenic practice.

It was reserved for the genius of Francis Bacon (1561-1626), Lord High Chancellor of England, to inaugurate a system of accurate observation, and logical reasoning, leading to correct theory.

It is no exaggeration to say that no non-medical author has done so much to advance the science of medicine (and other sciences) as Lord Bacon, by the publication, in 1620, of his "*Novum Organum—the New Instrument for the Advancement of Learning.*"

By his method of logical induction he gradually withered away the superstition, the slavish following of Galen and Avicenna in drug-prescribing, and the supine ignorance of the human body that kept the so-called art of healing stagnant and inept. Nothing could show more plainly the bold independence of the great Chancellor's mind than the scorn he pours forth upon Galen and his imitators in the rhetorical passage I now quote: "This is the man (Galen) that would screen the ignorance and sloth of physicians from their deserved reproach, and preserve them unattacked, whilst he himself most feebly and unequally pretends to perfect their art and fill up their office. This is the man that, like the raging dog-star or plague, devotes mankind to death and destruction by denouncing certain kinds of diseases to be incurable, taking away all glimmering of hope, and leaving no room for future industry. This is the man who makes his own fiction of 'mixtures' (that is the fiction of improper mixture of the four humours) to be Nature's sole prerogative.

"Let him be dismissed, and take along with him the whole train of his associates, these dispensatory compilers from the Arabians, who have shown such folly in their theories, and from their supine and jejune conjectures amass together such a heap of promises instead of real helps from vulgar remedies" (Appendix to the "*Instauratio Magna*").

As Bacon, like Aristotle, Leibnitz, and Goethe, "took all knowledge for his province," we are not surprised that he sharply criticizes the medical theories and practice of his own day, and gives wise suggestions for their improvement.

This father of modern philosophy boldly claims the right of private judgment, as thus: "Disciples do owe unto their masters only a temporary belief, or a suspension of their own judgment, until they be instructed, and not an absolute resignation or perpetual captivity." We might apply this to homœopathically minded students of medicine during their college course.

Again, in a fine passage he says: "Truth is the daughter of time, not of authority. No wonder that these spells—authority, traditions—have so bewitched men that they have not dared to hold direct intercourse with things."

"Science," he writes, "is the history of Nature: first, of those natural phenomena which are uniform; second, of the extraordinary or apparently anomalous facts; third, of the processes in the different arts." In this third class he includes medicine, as being the art by which such a particular direction is given to certain powers of Nature as to enable them to mitigate pain, cure disease, and prolong life.

Perceiving clearly the defects of medical training he wrote: "Medicine is a science which hath been more professed than laboured, and yet more laboured than advanced; the labour having been in my judgment rather in a circle than progressive; for I find much iteration, but small addition."

For its advancement he advocates new investigations in three departments. First, the dissection of the bodies of living animals (not of men observe), so as to find out the functions of the arteries, called by him "passages and pores," because they are shut up and latent in dead bodies, though they may be open and manifest in life.

Second, as to pathology, Bacon writes: "As for the foot-

steps of disease and their devastations of the inward parts . . . . they ought to have been exactly observed by multitudes of anatomies, and the contributions of men's several experiences, and carefully set down, both historically, according to the appearances, and artificially, with a reference to the diseases and symptoms which result from them, in case when the anatomy is of a defunct patient, whereas now they are passed over slightly and in silence . . . ."

It was by investigating these very "passages and pores," called arteries or "air-holders" by the ancients, in the deer of Windsor Forest, that Harvey discovered the circulation of the blood, directly in consequence of this hint from Bacon's "Advancement of Learning," published in 1605. A few lines from Shakespeare's play, "Love's Labour's Lost," illustrates the sixteenth century view of the arteries. Lord Byron says to the King :—

"Why, universal plodding prisons up  
*The nimble spirits in the arteries ;*  
 As motion, and long-during action tires  
 The sinewy vigour of the traveller."

And the narcotic effect of laudanum is picturesquely shown in the speech of Friar Laurence to Juliet ("Romeo and Juliet," Act V., Scene 1) :—

"Take thou this phial, being then in bed,  
 And this distilled liquor drink thou off,  
 When presently, through all thy veins shall run  
 A cold and drowsy humour, which shall seize  
*Each vital spirit*, for no pulse shall keep  
 His natural progress, but surcease to beat :  
 No warmth, no breath, shall testify thou liv'st."

Third : "The part of physic which treats of authentic and positive remedies we note as deficient. It would be of great consequence if physicians, eminent for learning and practical skill, would compile a work of approved and experienced medicines in particular diseases."

Whenever Bacon mentions medicine in any of his works, he points out as its great defect, the lack of "specifics," as we now call them. Had he lived to see Hahnemann's discovery, he would have rejoiced in its fruits, and would have regarded it as the consummation of the medical art.

Bacon's inductive method of philosophy, and his wisely,

devised appeals for interrogating Nature, powerfully aided the progress of medicine.

Belonging partly to this third period and partly to the next (IV.), Johann Baptista van Helmont, of Belgium, born 1577, died 1644, deserves mention as the founder of a new system. He became a devout Christian, through the writings of John Tauler and Thomas à Kempis. He gave up the property and title of nobility that were his inheritance, in order to be free to study medicine, and to practise gratis, in the spirit of the Great Healer of both body and soul.

Van Helmont anticipated Swedenborg in the belief that there is a spiritual world in intimate union with the spirit of man, and that the human soul, if pure, submissive, and humble, will receive revelations from that world. There was therefore something mystical about his theory, which may be called "spiritual vitalism." He was an excellent chemist, the inventor of that useful word, "gas," the discoverer of sulphuric acid, and the first analyst of the fluids of the human body. He taught that a spiritual entity, "Archæus," dominates man's frame, and connects him with the Father of spirits and the world of spirits. "Archæus" is the creative spirit which, working upon the raw material of water or fluidity, by means of a ferment, excites all the vital actions of the body.

For example, Van Helmont's theory of digestion is that, first, Archæus generates an acid in the stomach which dissolves the food; next, this acid is neutralized by the bile from the gall-bladder; the third stage takes place in the mesenteric vessels; the fourth goes on in the heart, by the action of the "vital spirits"; the fifth consists in the conversion of the arterial blood and air into vital spirits, chiefly in the brain; and lastly, the laboratory of each bodily organ prepares the nourishment of the tissues, Archæus, present everywhere, being itself regenerated, and superintending the regeneration of the whole body.

The perturbation of Archæus gives rise to fevers, and all other diseases and derangements. Now it is interesting to us, as homœopaths, to compare these views of Van Helmont with those of Hahnemann, as expressed in his 9th and 11th Aphorisms, where it is plain that by "vital force" the great Master means the same thing as the older writer means by "Archæus."

Aphorism 9 : "In the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body, rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions. . . ."

Aphorism 11 : "When a person falls ill, it is only this spiritual, self-acting, vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbid agent inimical to life. It is only the vital force, deranged to an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes which we call disease, for, as a power invisible in itself, and only cognizable by its effects on the organism, its morbid derangement only makes itself known by morbid symptoms."

In his practice, which was milder than that of his colleagues, Dr. van Helmont eschewed venesection and drastic purges, employing opium, wine, and the metallic medicines introduced by Paracelsus. By treating "the iliac passion" and other obstinate constipations with "saturnine pills" (lead), he practised homœopathy; for it is well known that these diseases are produced by lead poisoning.

It will be observed that, throughout this paper, I regard the *Organon* as the authoritative exposition of homœopathy. Three organons have been produced by eminent authors, all original, and all of age-long value: (1) "The Organon," by Aristotle (384-322 B.C.)—"The Instrument of Knowledge or Exact Reasoning"; (2) "The Novum Organum," by Francis Bacon, Lord Verulam (1561-1626)—"The New Instrument for the Advancement of Learning"; (3) "The Organon," by Samuel Hahnemann—"The Instrument of Rational Medicine" (1810).

Two years hence, I hope, we shall be celebrating the centenary of the latest and most perfect Organon.

#### PERIOD IV.

The fourth era of medicine is marked by the greatest physiological discovery of mediæval times—that of the true course of the circulation of the blood in man and the vertebræ, by our fellow-countryman, William Harvey. Born

at Folkestone in 1578, one year after Van Helmont, and seventeen years after Lord Verulam, Harvey was medically educated at Cambridge and at Padua. His teacher at Padua University, Fabricius ab Aquapendente, set Harvey's mind upon the unsolved problems of the circulation by demonstrating to him the existence of valves in the veins.

Being made physician to St. Bartholomew's Hospital in 1609, and lecturer to the College of Physicians in 1616 (the year of Shakespeare's death, Milton being 8 years old, in the thirteenth year of James I.), he began to communicate the new theory of the course of the blood, which his researches on the living deer from Windsor Forest, specially granted to him by the King, were teaching him. In 1628 a small book of eighty-two pages, written in Latin, with the English title of "An Anatomical Disquisition on the Motion of the Heart and Blood in Animals," revealed his momentous discovery to the world, two years after Lord Bacon's death. He was called "Circulator," or "Quack" by his colleagues, regarded as "crack-brained" by the people at large, and his practice fell away terribly; but King Charles I. stood by him firmly, made him his personal physician, Warden of Merton College, and tutor to his two sons—afterwards Charles II. and James II.

Harvey was present at the battle of Edge Hill, in 1642, the same year in which Sydenham, of whom I shall speak later, was entered at Magdalen College, Oxford. Sydenham fought in the Parliamentary army after King Charles arrived at Oxford.

After the Civil War had ended, Harvey suffered for his adherence to the Royalist cause by having his house wrecked and his museum plundered by a mob, incited, he states, by a Parliamentary order. He lived to see his discovery accepted as true by the College of Physicians, who offered to make him President in 1654, and by all the Universities of Europe.

No checking effect upon the mischievously common practice of bleeding seems to have been produced by Harvey's book for a century, but certainly there was a very important advance in the training of medical students.

Therapeutics still remained chaotic when the chemical era of theory and practice of medicine was started by Sylvius de la Boë (1614-1678). Born in Holland in 1614, he

studied medicine in Amsterdam, becoming familiar with the doctrines of Des Cartes and of Van Helmont. Out of those, with some original ideas of his own, he composed a chemical system of simplicity and plausible ease of application in treatment. Appointed Professor of Medicine in Leyden University, he became a popular teacher, and originated clinical instruction in hospital wards.

He assumed that all vital action is a kind of fermentation, this fermentation being a chemical reaction perpetually going on between the acids and the alkalies of the human body. His physiology of digestion is curious, containing a mixture of truth and error. As soon as food enters the stomach, a first reaction is caused by the acid saliva and pancreatic fluids meeting the alkaline bile. As digestion proceeds, further reactions liberate *volatile spirits*. These spirits are again received into the chyle, and out of this the blood is perfected in the spleen by the addition of *vital spirits*.

The blood is an unstable chemical compound kept in ebullition by the vital heat in the heart, whence the heated liquid is conveyed by vessels to the distant parts of the body. In the brain the process of distillation is completed, and the *animal spirits* are diffused by the nerves over all the body, to endow every part with its own sensibility and peculiar properties. The treatment of disease, therefore, was simple. If the blood is too acid or "acrimonious," give the patient enough alkalies to neutralize it. But he was not logical, for if the blood was assumed to be too alkaline, he gave opium profusely, to set it right. He used antimony to rid the system of its excesses of either alkalies or acids.

In the year of Lord Bacon's death, 1626, the Hon. Robert Boyle, son of the Earl of Cork, was born in Ireland. He was the father of modern chemistry. In accordance with the methods laid down by Bacon, he devoted his great abilities to the study of physics and experimental philosophy. He invented the air pump, and discovered the law of expansion of gases. Being also very fond of medicine, which he would have practised but for his noble rank, he wrote much about its deficiencies, enforcing and expanding the great chancellor's advice to doctors. "Give up," he says in effect, "searching for imaginary causes of disease and treating those suppositious



causes with equally suppositious antidotes, after the fashion of Sylvius and the chemical doctors. Be neither slavish disciples of Galen, bleeding your patients freely because he bled, nor blind followers of Hippocrates, merely imitating the natural crises and evacuations of the body. Search out remedies which exercise a directly curative power over the disease—both the cause and the phenomena—without producing a disturbing effect on the body. Give only one remedy at a time, instead of blending many drugs in one prescription, and carefully observe its action. Moreover, give it in a small dose, for its action must be preternaturally energetic upon a part preternaturally sensitive. In fact, find a specific for each disease." What are these opinions of Boyle but foreshadowings of homœopathy?

And now, inspired by the works of Bacon and Descartes, leaders of thought in the seventeenth century began to form societies for the study and development of chemical, physical, and natural science. Between the years 1652 and 1666 there were founded the Imperial Academy of Natural Sciences in Vienna (1657); in London, our own Royal Society was formed by Robert Boyle and Sir Christopher Wren, who was its first President, in 1664; and in Paris, the Royal Academy of Sciences by Colbert in 1666.

The spirit of free enquiry in all branches of science, philosophy, and morals was promoted, but we find less progress in medicine than in what are called the positive sciences, anatomy, chemistry, physics, mathematics. In fact, all such societies have at first thrown cold water upon all discoveries in medicine, which reversed the views and practice of the day.

That the medical practice of this fourth period on the Continent was extremely routinist, dry, and barren of progress, is evident from the 600 gossip letters of Dr. Guido Patin, the fashionable physician of Paris, written to provincial colleagues, and extending over forty-two years (1630-1672), in which there is no mention of either any scientific discovery, or any improvement in medicine.

The one novelty in drugs was antimony, which was curing many diseases, but was denounced as a vile poison, introduced by the "Chemikers," as Patin calls them. If any patient died of pneumonia, where antimony had been

given, Patin and his friends loudly proclaimed it a case of poisoning.

The greatest name in Britain during the fourth age was Thomas Sydenham, who was born in 1624, and died of gout in 1689. His birthplace was Winford-Eagle, in Dorset; his family were strong Parliamentarians in the Civil War, and when 20 years of age, he and his two brothers served with distinction in Cromwell's army. After taking his M.B. degree at Oxford, Sydenham again joined the army, and fought in several battles; then, after studying medicine at Montpellier University, settled in Westminster, where he soon acquired the largest practice in London.

Sydenham was the most accurate observer and the most broad-minded of all his contemporaries. He thought out problems of disease for himself; he learned new remedies; and improved the medical practice of his time. For instance, he entirely dropped the practice of bleeding in acute rheumatism, and found that his patients steadily recovered under whey and bread diet. He made splendid use of the new cinchona—"Jesuits' Powder," as it was called—which, having cured the Countess Cinchona, Vice-Regent of Peru, in 1638, reached England in 1653. The use of this beneficent drug reduced the mortality of intermittent fevers from 1 in 4½ deaths from all causes in the years 1629-1636 to 1 in 3,767 in the septennium 1734-1742.

To those who admire the great Protector, Oliver Cromwell, it is a matter of regret that no cinchona was administered in his last illness, for Dr. Bates, his physician, describes his fatal malady as "slow fever that at length degenerated into a bastard tertian ague." During the year of Cromwell's death, 1658, at least 1,300 people died of ague.

Sydenham diligently sought for other "specifics," and wrote: "I esteem any progress in that kind of knowledge, though it teach no more than the cure of toothache or of corns, to be of far more value than all the pomp of subtle speculations." In his use of cinchona bark he was more successful than all his colleagues (except, perhaps, Richard Talbot), because of the judicious and cautious way he employed the then new drug; for some ague patients died from overdosing. With much wisdom he wrote: "It seems to me

better to imbue the blood of the ague patient with the aforesaid drug, moderately, gradually, and at long intervals, before the fits of ague, than to attempt, by a single blow, to cut short the paroxysm." This plan is a sort of homœo-prophylaxis, such as giving belladonna to those exposed to scarlatina infection, and camphor in the diarrhœa which precedes cholera.

Homœopaths must ever regard cinchona (which we absurdly call "China") as the Newton's apple, as it were, of homœopathy, for as the fall of that particular fruit suggested the theory of gravitation, so the investigation of this drug suggested to Hahnemann the law of similars.

In one of his works we find Sydenham stumbling upon the homœopathic law in an inverted form, thus: "Certain females, suffering from small-pox, are unable to take syrup of poppies without vertigo, vomiting, and other affections, which naturally [why naturally ?] are the affections that syrup of poppies would allay."

In his prescriptions we find bits of unconscious homœopathic practice. He gave lead pills in ileus and obstinate constipation, opium in lethargic fevers, and the elder (*Sambucus nigra*) in dropsies.

Although so original in many ideas, Sydenham could not emancipate himself from the practice of blood-letting. The College of Physicians, jealous of his success, regarded him as a heretic, because of his going out of the beaten track, and even tried to banish him from the College. Yet Boerhaave, in the next generation, praised him to the skies as "*Angliæ lumen, artis Phæbum, verum Hippocratici viri speciem*" ("The Light of England, the Apollo of our Art, a man of the true Hippocratic sort"). A most laudatory epitaph was inscribed on his memorial tablet in St. James's Church, Westminster, styling him "*Medicus in omne Ævum nobilis*," &c.

Many good practical hints can be found in his works, such as riding on horseback as a cure for consumption, the *accubitus junioris* for very aged, feeble and exhausted persons, and so on. One of his pithy sayings was, "*Morbos acutos dico qui, ut plurimum, Deum habent auctorem; sicut chronici nos ipsos*" ("I call those acute diseases which are for the most part inflicted by God, just as the chronic are what we bring on ourselves").

The new Sydenham Society perpetuates his name and enriches all departments of medicine by its publications.

Rutherford Russell picturesquely represents Sydenham as standing "midway between Hippocrates and Hahnemann. One hand he stretches to the ancient Greek, the other to the modern German; so he is a link in the apostolic succession of the living Church of Medicine."

We have now arrived at the time (1700) when Professors Stahl and Hoffmann, of Halle, started their rival systems of Medicine. Both were born in 1660, in Germany. Stahl taught botany, physiology, materia medica and the institutes of medicine; Hoffmann lectured on anatomy, chemistry, surgery, and the practice of physic. Stahl filled his chair for twenty-two years, he died in 1734. Hoffmann was professor for forty-eight years, surviving until 1742.

George Ernest Stahl was the author of the "Phlogiston" theory in chemistry and of "Animism" in medicine. He taught that "the intelligent soul of the man is alone the living force in the body; it not only stimulates the muscles to contract, but it presides over all secretions . . . the body, as a body, had no power to move; it must always be put in motion by an immaterial principle." All vital healthy action is due to the immediate activity of the intelligent soul. The soul operates on the animal frame through the nervous fluid or "animal spirits."

Dr. Malcolm Fleming, a disciple of Stahl, defines this nervous fluid thus: The nervous fluids or animal spirits, consists of phlegm or water, oil, animal salt, and earth, all highly attenuated and subtilized, and intimately mixed and incorporated together.

The famous Dr. Mead (1673-1754), also of Stahl's school, writes: "This fluid, as far as we can discover by its effects, is a thin, volatile liquor, of great force and elasticity; being indeed most probably a quantity of the mineral elastic matter, incorporated with fine parts of the blood, separated in the brain, and lodged in the fibres of the nerves."

There are over 150 lines in Shakespeare's plays which mention "spirit" or "spirits" in the sense of this fanciful physiology. And it is interesting to trace from the sixteenth century this origin of our common everyday phrases, "good spirits," "low spirits," "out of spirits," &c.

Professor Stahl adhered to the bleeding and evacuation treatment of his day, and steadily opposed the use of cinchona bark in ague, affirming that it merely *suppressed*, but did not *cure* that malady. But certain of his followers, Dr. Perry for instance, used cinchona, and also ammonia and spirits of wine, "to strengthen the animal spirits," as they said. The fact of miners and workers in tin being subject to a form of phthisis was known to Professor Stahl. He used stannum salts for the cure of consumption, without perceiving the pathogenetic and therapeutic relationship between drug and disease. He used the well-known millefolium in bleeding from hæmorrhoids, as we do.

Friedrich Hoffmann, of Halle, opposed to Stahl's "animism" a theory of disease which laid down the principle that disease arises from faulty microcosmic movements in the solids, not from affections of the vitiated humours. There are two main causes : first, cramp or spasm ; second, relaxation or atony. Spasms may be either general or particular. If general, they produce fever, inflammation, hæmorrhage, catarrh, &c. ; if particular, headaches, jaundice, melancholy. Relaxation or atony is the cause of all congestions, and of almost all chronic diseases.

All medicines Hoffman classed into four divisions : tonics, sedatives, evacuants, and alteratives—an arrangement which is still used by writers of *materia medica*.

Admitting that cinchona bark cured intermittent fevers, Hoffmann explained its action thus : "Cinchona is a tonic, and the return of the fever paroxysm is owing to the weakness or atony ; therefore cinchona arrests it." Contrary to Stahl's theory of the soul,  $\psi\acute{\upsilon}\chi\eta$ , or anima, Hoffmann asserted that the moving principle of the organism is "a material substance of extreme subtlety . . . something of a gaseous nature, secreted in the brain, and poured into the blood, which it vivifies. This something, finer than all other matter, but not exactly spirit, soul, or mind—also called the nervous fluid—is that which gives contractility to the muscles ; it is this in excess that gives rise to spasm ; and a defective supply of this induces atony." And yet, in contradiction to this limitation, Hoffmann wrote an ingenious Latin treatise, "De Diaboli Potentia in Corpore," in which he argues that

the devil, being a spirit, has power over æther or *fluidum catholicum*, which fills all space, and as there is a similar fluid in our bodies, the devil must have power there also. In proof of this he quotes the instance of Job and his outbreaks of boils.

In practice Hoffmann used a few strong medicines in preference to the many complicated mixtures fashionable in his day. He invented and largely used a preparation of opium, called to this day Hoffman's Liquor Anodynus. He used millefolium in all kinds of hæmorrhage; his opium preparation in obstinate constipation; mercury in severe ulcerations of the throat; stannum in a species of phthisis, hectic fever, chronic catarrh, and humid asthma, and moschus in Millar's asthma. These are five examples of homœopathic practice.

Among the medical eccentricities of this fourth age may be noticed a curious book entitled "Human Life, Health, Sickness and Death," by Cornelius Bonteke (1688). This writer's pathology and therapeutics are of the simplest kind. "The scurvy, rightly understood," he asserts, "is the only disease of man, and the root of all others, whatever men may call them. . . . One could write a large book upon the thousand services rendered by tobacco, but in one word, the smoking of its precious leaves is the best medicine against the scurvy—the one root of evil." . . . "It is remarkable that the three things of greatest importance to man should have been simultaneously discovered, viz., the circumnavigation of the globe, the circulation of the blood, and the smoking of tobacco."

I will close this fourth age of medical history with a brief notice of one of the "Admirable Crichtons" of medicine, Hermann Boerhaave (1668-1738).

Born near Leyden in 1668, the son of a Protestant pastor, young Boerhaave, who showed precocious talent, and great fluency of both speech and pen, at first was trained for the ministry. But feeling that he had no inward vocation for it, he turned to medicine, and studied it while earning his living by teaching mathematics. He took his M.D. at the age of 25; became Lecturer on Medicine at the University of Leyden, and from 1709 to 1729 filled three professorships, medicine, botany and chemistry, besides, in 1715, being made Rector of the University. His wonderful talent, industry and energy

enabled him for twenty years to deliver separate courses of lectures on botany, chemistry, theory and practice of medicine, to give three clinical lectures a week, conduct a large private practice, and write books which were speedily translated into all the European languages. With consummate ability he united goodness of heart, and sincere piety. All the princes of Europe sent him disciples. Peter the Great, when learning ship-building in Holland, became his pupil. A high Chinese Mandarin once addressed a letter : "To the Illustrious Boerhaave, physician in Europe," which found him without difficulty.

From his omniscient knowledge and rapid, fluent style he has been called "The Macaulay of Medicine." In therapeutics this great physician seems to have been eclectic. "At present," he writes, "physic may be learnt without adhering to any particular sect, by rejecting everything that is offered without demonstration, and by collecting and retaining only what has been offered and approved to be real truth both by ancients and moderns." He shows his breadth of mind by not only advocating the contemporary system of what was called "Rational Medication," that is, finding out an opposite to the cause of any disease, but also by advocating the (advanced) method of specifics, which is only ascertainable by experiment.

Though "contraries are removed by contraries" was one of Boerhaave's maxims, he explains it differently from his predecessors. He writes : "Give a medicine whose ultimate action is curative of the cause of the disease, whatever its immediate action may be. If a hot drink produce perspiration in fever, then give a hot drink, for that will cool the body, which is what we want to do. If the primary action of opium is constipating, and of rhubarb laxative, and the secondary action is the reverse, then opium may be the remedy in constipation, and rhubarb in diarrhœa." That such is the fact, we homœopaths know.

It is interesting thus to see that between Boerhaave's view of *contraria contrariis* and *similia similibus curantur* there is no antagonism. In practice, Boerhaave used sambucus in dropsy and cured some cases of epilepsy with the salts of copper.

Crowned with honours and wealth, Boerhaave died in 1738, bequeathing to his only child a fortune of two million florins (£200,000). But, as he founded no system, nor contributed a single new fact to medicine, his works have passed into oblivion.

The progress in knowledge of anatomy, physiology, and pathology during this fourth age of medicine had been greater than during any of the preceding periods, because of Harvey's discoveries, from the date of which (1628) modern medicine may be said to have taken its rise. The Italian Malpighi, in 1661, demonstrated by the microscope the connection between arteries, capillaries, and veins, in the kidney and other organs. What was true in the notions of Hippocrates and Galen was sifted out, and the false discarded.

We may well begin, then,

#### PERIOD V.

by a notice of Albrecht von Haller (1708-1777), Professor at Göttingen from 1737-1750, and the "Father of Modern Physiology." He was appointed by George II. to the Chairs of Anatomy, Botany, and Medicine, in the new university founded by the Elector-King.

After about 200 experiments, Haller demonstrated to the Academy of Sciences at Göttingen, in 1752, the irritability of muscles, conveyed through the nerves, the difference between that property and sensibility, and the special impressionabilities of the various glands. His view of life was, that it was the result of two conditions: irritability on the one hand, and stimulus on the other. Irritability might be called life potential; irritation, life actual.

We are now in a position to see how Haller, from the side of physiology, advanced towards the conclusion already reached by Bacon, Boyle, and Sydenham, that in the discovery of specifics for diseases lay the consummation of the healing art.

"Inasmuch," he said, "as each part is endowed with its own specific aptitude for receiving impressions from special properties—the stomach, for instance, acts in a certain way under the influence of tartar emetic which produces no effect



upon the eye—let us ascertain by experiment what are the correspondences between the external world and our internal organisms; what things act, and how, and on what parts of our frame.”

Consistently with this idea, he advocates the *proving of drugs on the healthy, just as Hahnemann did*. He says: “A medicine is to be tested first by its effects upon the body in health, and that without any disturbing influence. Its smell and taste once ascertained, small doses are to be taken, so as to determine its effects upon the pulse, the animal heat, the respiration, and the excretions. After having ascertained its effects upon the system in health, we may proceed to make our experiments with it upon persons who are ill.”

Professor Haller, we can see, was on the right track to discover the pure effects of drugs, and we are the more interested in him, inasmuch as Fletcher's pathology and view of Life, so illuminatively expounded and expanded in our *British Journal of Homœopathy* by the late lamented Drysdale, were founded upon his suggestions.

Haller was made a Baron by the Emperor of Austria, and retired to his native city of Berne in 1753, where the remaining twenty-four years of his life were spent in studious labours. He wrote 12,000 short reviews, a life of Alfred the Great, two books of poems of high merit, besides many scientific works.

The next great name in medicine I must notice is William Cullen (*b.* 1710, *d.* 1790), whose character, attainments, and success shed a lustre for thirty years upon the University of Edinburgh. The son of poor parents, William Cullen was born at Hamilton, Lanarkshire, in 1710. After apprenticeship to a Glasgow practitioner, and three years at sea as ship's surgeon, he settled in his native town in practice. From 1740, when he took his M.D. degree at Glasgow University, to 1755 he organized a medical school in connection with his *Alma Mater*. Rising quickly into fame as a lecturer, Edinburgh claimed his services from 1756 onward. At first he was Professor of Chemistry, giving lectures also on clinical medicine—the first to do so at the Royal Infirmary. Then he obtained the Chairs of the Theory and Practice of Medicine, and became the most popular of all the *Senatus Academicus*. He greatly improved the medical practice of

Scotland, and founded the Royal Medical Society of Edinburgh (of which I am a Fellow)—a most useful link between professors, graduates, and undergraduates.

Cullen's view of life was that it consisted of force—the vital force—generated in the nervous system, diffused through the animal frame, just as electricity pervades inorganic bodies. The quantity of this vital force varies according to certain conditions, and the knowledge of those conditions will enable us to explain, as well as to obviate, morbid actions. This vital force acts as a powerful stimulus to any part or bodily organ where it is *in excess*, producing even contraction of the peripheral arteries and capillaries; while, on the other hand, an *insufficient supply* induces relaxation of the blood-vessels. Cullen also assumed the existence of another force, called the "*vis medicatrix naturæ*," and in the interaction of these two forces he found an explanation of the problems of pathology. In 1789 Professor Cullen published his "*Materia Medica*," which Hahnemann translated into German in 1790. The following passages indicate Cullen's view of the nature of fevers in general, and the mode of action of cinchona bark in cutting short malarial fevers :—

"Fevers are either caused by some depressing agent internally, such as grief or anxiety, or by an external agent, such as malaria. The first effect of these causes is to produce an imperfect generation of vital force by the brain. . . . in consequence, the extreme blood-vessels of the body fall into a state of *atony*, collapse, or *relaxation*. To counteract this *atony* the *vis medicatrix naturæ* excites a *contraction* or *spasm* of these vessels, which causes the *cold stage of fevers*. The vital force resists and counteracts this spasm by producing a flow of blood, which distends these vessels to such an extent as to cause turgescence and the *hot, burning stage of fever*. To 'cure a fever' we must cut short the cold stage as rapidly as possible, for upon the duration of this depends the amount of subsequent reaction."

"As the foundation of the whole of my doctrine, I consider the Peruvian bark . . . to be a substance in which the principles of bitter and astringent are conjoined . . . ; in the case of intermittent fever the bark operates by a tonic power exerted in the stomach . . . , and this sufficiently

explains its operations in preventing the recurrence of the paroxysms of intermittent fevers ; for I can see no foundation for referring it to any mysterious and unexplained specific power . . . which some writers seem . . . disposed to maintain."

We all know how Hahnemann, dissatisfied with this "explanation," made the *experimentum crucis* with cinchona, from which homœopathy originated. At this period polypharmacy and bleeding, though not so extravagant as formerly, were still the fashion of practice in Scotland, and throughout Great Britain. About the year 1778, Professor Cullen's widespread influence was abruptly disputed by what is called "Brunonianism," the doctrine of John Brown (*b.* 1735, *d.* 1788), whose genius, eloquent persuasiveness, and wit would have made him the foremost teacher in Europe, had they not been misdirected by envious and violent vituperation of Cullen, and by habitual drunkenness.

This John Brown, a teacher of Latin in Edinburgh, had been private secretary to Professor Cullen, and tutor to his children, and had been assisted by Professors Cullen and Monro to pay his class fees. But he ungratefully quarrelled with his patron, and, after a brief course at the University, started lectures which opposed all Cullen's teaching.

Diseases are divided by Brown into two great classes, "sthenic" and "asthenic," and each of these classes was subdivided into universal and local. He substituted for Cullen's "vital force" a quality he called "excitability," of which a certain amount was granted to everyone at their birth. Each human being was born with a "sthenic" or "asthenic" diathesis, and was predisposed, either to sthenic diseases, such as rheumatism, cynanche, scarlet fever, or to asthenic diseases, such as ague, typhus, gout, dyspepsia. As sthenic diseases arise from an excess of this "excitability," they must be treated by lowering measures, such as bleeding, purging, &c.; and of course asthenic maladies require tonics and stimulants, cinchona, musk, camphor, ammonia, but especially wine and spirits.

This was the beginning of the alcoholic stimulant treatment, which lasted until my student days (1861-65) in the Royal Infirmary of Edinburgh. It has created many a drunkard,

and sown misery to the survivors and their relatives. Fortunately, *this* remnant of Brunonianism has died out in Great Britain.

Not being based upon natural laws, Brown's system soon failed, and its author, by his violent abuse of the much-respected Cullen, and by his drunken orgies, was exiled from Edinburgh. In London he struggled with poverty for a while, and died of apoplexy in 1788.

Among the lights of the profession in London during the fifth period were Radcliffe, the benefactor of Oxford, and the keen Jacobite partisan; Mead, the generous, hospitable collector of works of Art; Lettsom, the biographer and epigrammatist; Fothergill, who discovered and named diphtheria; W. Heberden, and others of note. But none of them devised a new system, nor did they invent any new compound, unless "James's Powder" is to be regarded as such. None of these celebrities won such distinction as Edward Jenner, a country surgeon in Gloucestershire (*b.* 1749, *d.* 1823), who published his momentous discovery of vaccination in 1798, two years after Hahnemann wrote in Hufeland's journal his "Essay on a New Principle for Ascertaining the Curative Powers of Drugs." While some homœopaths regard vaccination as an illustration of the law of similars, the majority regard it as "isopathic," not homœopathic.

Of the Continental physicians of Period V., I find that Baron Stoerck and Dr. de Haen made use of several remedies in an unconsciously homœopathic manner. Stoerck cured a case of hydrothorax and asthma by colchicum; cases of dysuria, amaurosis, and convulsive cough by conium maculatum—all these symptoms appearing in its pathogenesis; a case of "stupid mania" (whatever that may mean) by hyoscyamus; chronic leucorrhœa by dictamnus; and a case of chronic humid, scabious, skin disease by clematis.

Dr. de Haen came near to discovering the rule of similars when he wrote of our well-proved *dulcamara*: "the young shoots of *dulcamara* in a large dose excite convulsions and delirium, but in moderate doses relieve spasms and convulsions."

In a case of chronic epilepsy, where the fits occurred only during sleep, De Haen, observing that this sleep was not

a natural, healthy sleep, but a lethargic stupor, similar to that produced by laudanum, took the singular course of prescribing opium, which not only transformed the stupor into healthy sleep, but also cured the epileptic fits. Thus we perceive that the psychological hour was approaching when some master mind was to find a key to the storehouse of *materia medica* which would teach the world how to use its treasures.

#### PERIOD VI.

Germany was the favoured country that produced the Master-Physician, Samuel Christian Friedrich Hahnemann, who was born at Meissen, Saxony, on April 10, 1755, and died in Paris on July 2, 1843. Of course I shall not inflict on you an account of his career, for it is

“Familiar in our mouths as household words.”

I will only remark that no founder of any system of therapeutics has ever bequeathed to his disciples a scheme so perfect, so logical, so solid against attack, and so permanent. Not only has our great truth survived its first century, but it has flourished exceedingly, spreading its good news into all civilized, and even uncivilized, countries; and increasing its armoury against disease and death, until now we possess 1,070 weapons (*vide* Boericke's “Manual of *Materia Medica*,” Ed. 1906).

You must all have been struck with the hollowness, artificiality, and impotence to cure disease of the thirteen systems I have sketched, and yet there are germs of truth in them all. I have succeeded in showing that there have been real “homœopathic” cures, as well as Hahnemannian ideas, in every age. It is necessary briefly to notice some of Hahnemann's contemporaries, in order to show the chaotic state of medicine in his time, and to justify his severe strictures upon the floating and false theories, and clumsy, inconsistent treatments of his days.

The sanguinary system of Rasori (excessive bleeding for all diseases) originated in Italy during this period. Rasori influenced Italian practice so disastrously that many great men, among them Victor Emmanuel I. and Count Cavour, fell victims to it.

In 1772 Francis Broussais was born in Brittany (*d.* 1838) and J. G. Rademacher in Germany (*d.* 1850). Broussais was a Brunonian, and opposed bleeding for all diseases in general, but did not entirely abandon it. He promulgated the strange notion that the root or seat of almost every malady in man was the mucous membrane of the stomach and the bowels. Every physician must search for this "*gastro-enterite*," whatever the disease may seem to be, and treat it by reducing measures—leeching, venesection, starvation, diet, &c. His system obtained a following in France; but, as he lost 137 out of 219 cases of pneumonia, it must have been attended with much loss of life; and it soon expired, fortunately for humanity. Nevertheless, even Broussais recorded one homœopathic cure, viz., of severe cystitis, by one and two drop doses of cantharides tincture.

J. G. Rademacher, out of Paracelsus's doctrines and his own, constructed Organopathy, which Burnett praised, and adopted in his treatment of "Diseases of the Spleen" (published 1887), where he translates part of Rademacher's work, published in 1841. "Organopathy is homœopathy in the first degree. . . . Organopathy is included in the wider generalization known as homœopathy," writes Burnett. It is the doctrine of specifics, which act singly and directly on particular organs of the body, just as, for instance, *ceanothus americanus* and *cinchona* act upon the spleen.

Rademacher's disciples in Germany grew in number, and started a journal of their own which lasted two years, 1847 and 1848. It was discontinued because the homœopaths, more numerous and energetic, occupied the same field of experimental pharmacology. Dr. W. Sharp, of Rugby, I remember, in 1867, adopted a modification of Rademacher's organopathy, but it has passed away as a separate system.

The "Substitutive Medicine" of Bretonneau, published and proclaimed as a new discovery by Trousseau and Pidoux (1840?), is a flagrant plagiarism from Hahnemann's earlier writings. Dr. Guérin's evidence, as given by Imbert-Goubeyre in the twenty-sixth volume of the *British Journal of Homœopathy* (note, p. 564), distinctly proves that Bretonneau, his intimate friend and pupil, read, approved, and recommended Hahnemann's doctrines, but did not openly espouse

them. Trousseau distorted pathological processes, and assumed much in expounding this substitutive system, which he fondly imagined would extinguish ours. But who practises it now? It has passed into limbo, like the other defective theories I have described.

To this sixth period belong Peter Henry Ling, of Sweden (*b.* 1776, *d.* 1839), the inventor of the movement cure and systematic gymnastics, which have done untold good to weak spines, joints, and muscles. Also Vincenz Priessnitz (*b.* 1799, *d.* 1851), the inventor of the water cure. At Gräfenberg, in Silesia, his native town, he established his first bath-house; Captain Claridge brought the water cure to England in 1849. "Hydros" now abound everywhere in Great Britain; in careful hands hydrotherapeutics do great and lasting good to patients who possess a certain amount of reactive power. The system succeeds because it is based upon laws of Nature.

My long task is now nearly ended, and I thank you for the patience with which you have listened. I have proved that "foreshadowings of homœopathy," as given us by Hahnemann in the *Organon, the true guide to specifics*, after which the earnest leaders of our profession sought as for hidden treasure, emerge in the Hippocratic works, in Greek poetry, in Paracelsus's writings, in Lord Bacon's suggestions, in the works of van Helmont, Boyle, Stahl, Boerhaave, von Haller, Rademacher, and Trousseau. Also I have mentioned twenty-eight homœopathic cures of ancient and modern times.

#### PERIOD VII.

The seventh era of medical history commences with the magnificent boon to humanity of anæsthetics, introduced into Britain by Sir James Y. Simpson, of Edinburgh, in 1847.

The typical leaders of this period are : Simpson (1811-1870), J. Hughes-Bennett (1812-1875), who first introduced cod-liver-oil as a remedy for consumption (1841), Pasteur (1822-95), Lord Lister (*b.* 1827), Robert Koch (*b.* 1843), Finsen (1860-1904), A. E. Wright (*b.* 1861), and others.

We of the twentieth century can scarcely imagine a painful operation without, at least, local anæsthesia. But further improvements in medicine and surgery have come in rapidly,

and are now rushing upon us with bewildering multiplicity. What would Hahnemann have thought of taking a bullet out of the perforated heart of a living man, and sewing up the actual wound so skilfully that the patient recovered? What would he have thought of kinematograph pictures of surgical operations?

As we look back upon the dark ages of medicine, occasionally referred to as "the good old times," we can say with Tennyson,

"Better fifty years of Europe than a cycle of Cathay."

Within the last sixty years all the Arts and all the Sciences have become ancillary to Medicine. Anæsthetics, antiseptic surgery, diagnostic instruments of exquisite precision, serum-therapy, X-rays, radium, electric light, an improved vaccination process, opsonic treatment, more accuracy in using mineral spa waters; above all, the universal success of homœopathy—all these have immensely improved the general practice of medicine. While I strongly urge my younger colleagues to keep up to date in all the aforesaid improvements in medicine and surgery, at the same time I beg them *never to be ashamed of the name "homœopathy,"* but to maintain it boldly until full professional equality, recognition, and courtesy be granted to us by the dominant majority.

As Clarke well puts it, "Homœopathy is not a 'faith,' it is a *science—a knowledge. A well-trained homœopathic practitioner knows more than a non-homœopath.*"

Being now a senior, I would advise my younger colleagues to assert this position, for it is justifiable. I urge them to read up one drug every day; to study each case of disease homœopathically, as if it was the first of the kind one had seen; to be willing to discuss our system with any honest opponent; and even to lecture upon it in public, if requested. Adopting every new diagnostic method, and all adjuvants and prophylactics of proved value, let us hold fast to our great principle, working out "the homœopathy that is expansive, progressive, science-fostered, science-fostering, and world-conquering." "For Truth," said Hahnemann, "is co-eternal with the All-Wise, benevolent Deity. It may long escape the observation of man, until the time fore-ordained by Providence arrives,



when its rays shall irresistibly break through the clouds of prejudice, and usher in the dawn of a day which shall shine with a bright and inextinguishable light for the weal of the human race."

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The address was listened to with great interest and frequently applauded.

Dr. BYRES MOIR moved a vote of thanks to the President for his address. The President, he said, having had large experience in many lands, was able to bring the knowledge of other people and the wisdom of the traveller to bear upon the subject. Nothing was more interesting than to follow the history of progress, such as it could be given now, in medicine. Some years ago it was said that progress in medicine was not rapid, now it was most difficult to follow. It was very important to remark, as the President had pointed out, that homœopathy was not a new thing, but, as he had clearly shown, the development of it was a steady process, still going on, and the deduction from the address to which they had just listened seemed to be that the future must be with them. He believed that when they read the paper they would find it of deeper interest every time they looked at it. He asked the members of the Congress to join in passing a hearty vote of thanks to the President for the work he had begun so well that day.

Dr. PURDOM said he had great pleasure in seconding the vote of thanks to Dr. Murray Moore for the very interesting historical sketch, and especially for his references to Hahnemann. They were there to witness to the greatness of Hahnemann, and the great truths which he had given to them. They were all very thankful to Dr. Murray Moore for this able address, leading up to the advent of Hahnemann.

The motion was heartily carried.

The PRESIDENT said he was very much obliged for the kind way in which the address had been received. He was afraid it would be regarded as a dry and academic production, but at any rate it had been the means of giving him a great deal of information, and he thought perhaps it would read better as a paper than it appeared when listened to as a discourse. He had already said very distinctly and emphatically

—he thought it was before Dr. Byres Moir came in—that he did not impute in the slightest degree plagiarism to Hahne-mann. His mind took in the facts and researches of previous generations, but he originated a new thing, the *law* of similars. Out of that other theories had grown up, some of which were not adopted by all of them.

The HON. SECRETARY (Dr. D. Dyce Brown) thanked the visitors, especially the ladies present, for coming to hear the President's able address. He was sorry they could not invite ladies to remain, the business being too professional for a general audience, but they would be delighted to see the ladies at dinner in the evening.

The HON. SECRETARY then read the minutes of the Harrogate Congress, which were passed, the President remarking that they were a most faithful and accurate record of a very pleasant meeting, concerning which his only regret was that there were not more present.

Dr. E. A. NEATBY, Physician for Diseases of Women to the London Homœopathic Hospital, then read a paper on "The Bearing of Modern Pathology on the Treatment of Cancer."

The PRESIDENT said the Congress were very much obliged to Dr. Neatby for his brief and very suggestive paper. The discussion on this and the two other papers would take place in the afternoon. Dr. Neatby's suggestion of a Commission was excellent, and he hoped it would be adopted. He should extend to it his hearty support.

Dr. JAMES JOHNSTONE, Assistant Physician for Diseases of Women to the London Homœopathic Hospital, read a paper on "The Modern Treatment of Cancer."

The HON. SECRETARY said that before the Congress adjourned for luncheon he should like to mention that the Hon. Local Secretary, Mr. Charles Knox Shaw, had been unable to be present that morning, having been summoned by telegraph to Tunbridge Wells. He had received letters expressing regret at inability to attend from Dr. A. C. Clifton, of Northampton; Dr. McLachlan; Dr. Newbery, of Plymouth; Dr. Watson, Liverpool; Dr. Steinthal, Manchester; and Dr. Wilkinson.

Upon the Congress resuming, Dr. Thos. Wesley Burwood,

Consulting Physician to the Ealing and West Middlesex Homœopathic Dispensary, read a paper on "The Homœopathic Treatment of Cancer."

[Owing to want of space, we postpone the insertion of the papers, with the discussion on them, till the September number.—EDS.]

### THE CONGRESS DINNER.

THE Dinner of the Annual British Homœopathic Congress was held at the Holborn Restaurant, on Friday, July 3, 1908, at 7 p.m., the President, J. MURRAY MOORE, M.D., being in the chair. A large number of members, friends, and ladies were present, including the following: Dr. Stonham (Vice-President), Mr. Stillwell, J.P. (Chairman of Board of Management of the London Homœopathic Hospital), Mr. Wm. Willett, Dr. Dyce Brown (Hon. Secretary), Dr. Burford (Hon. Treasurer), Dr. Burwood (President for 1909), Dr. Johnstone, Dr. E. A. Neatby, Dr. J. W. Hayward, Dr. Blackley, Dr. Midgley Cash, Dr. Nicholson, Dr. Cash Reed, Dr. Proctor, Dr. George Clifton, Dr. Chas. Wheeler, Dr. W. T. Ord, &c.

After the usual loyal and patriotic toasts, which were proposed by the PRESIDENT, who remarked on the great encouragement given to the members of the medical profession by the King, the "Memory of Hahnemann," was proposed by Dr. PROCTOR. Dr. Proctor, who was somewhat indistinctly heard, said:—

MR. PRESIDENT, LADIES AND GENTLEMEN,—In proposing this toast, it seems to me that as it is usually drunk in silence it might, with equal propriety, be proposed in silence, as it is hardly possible to say anything new about it. However, as it is customary to preface it by a few words I will do so by remarking that it naturally occupies the foremost place after the loyal toasts. Without the life and work of Hahnemann we should not have been gathered here to-night. He, in a corporate sense, is the author of our being.

From our President's address this morning we have heard afresh how that homœopathy is no cobweb spun out of the brain, but has been interwoven with general medicine throughout the ages, but it was reserved for Hahnemann to gather the threads together and make a consistent whole. Catholic controversialists have sometimes asked Protestants, "Where was your religion before Luther?" and if it were similarly asked where was the law of similars before Hahnemann, we could truthfully reply, "It was there all the time." Hahnemann rightly claims the place of chief honour, for amongst the great names of history his name and

his system are as widely known over the face of the whole earth as are any of them. And as regards the number of adherents, he certainly comes into the category of great men by the extent to which he has modified the practice of medicine, whether amongst his followers or even his opponents. We have been a minority in the profession, but we all know the power of minorities. It is the firm grasp of principles and their maintenance through good and evil report that tells, and not mere numbers; and is it not the case that this minority has, like a steady planet, been exerting a gravitating influence on all the medical science of modern times? The recent development of opsonism and isopathy is a movement which at one bound has overleaped all the limitations of the *simile* and arrived at the *idem*. Can we suppose that all this movement would have taken place without the steady influence of homœopathy, even though unacknowledged? Similarity, gentlemen, is a matter of degree, and may vary from almost identity to something very different, and I think the problem of the future will be to determine how close the *simile* should be in order to be most effective, and in what cases the similarity should be merged into positive identity. The profession at large has accepted the isopathic principle of treatment, and cannot any longer deny the validity of homœopathy. Of course, there are pagans in the profession who cling to obsolete prejudices after they are abandoned by their leaders. In this sense the opposition to homœopathy may be truly regarded as a superstition.

The horizon is evidently widening for us, and we must receive any further developments in our direction in the spirit of Hahnemann, who was alive to all the learning and science of his day. Much has to be done yet—we have reached no finality.

Copernicus established astronomy on its present heliocentric basis, but the exact planetary movements were determined by Kepler, and after him Newton, by a grand generalization, reduced them into one universal law. Such increased accuracy may await our own science of medicine. In the meantime, Hahnemann is our Copernicus, and we will hail with pleasure any further attempts at the precise determination of his fundamental law.

(The toast was drunk in silence, the company rising.)

#### HOMŒOPATHIC LITERATURE AND INSTITUTIONS.

Dr. GEORGE CLIFTON: I have the honour, ladies and gentlemen, of proposing the toast of "Homœopathic Literature and Institutions." When I wrote to the Secretary of the Congress as to proposing this toast, I said that instead of blessing, I felt inclined to curse. The editors of several papers have bothered me, and I have almost cursed them for so doing, because I am not a literary man. In proposing this toast, I suppose I must be like the cannibal who began at the feet, because he said the head was the most delicate part of a man. The feet of our institution are our homœopathic dispensaries. They have made

more homœopathists amongst a certain class of people perhaps than any other, and in doing the work which they and the hospitals have done they have not only benefited the poor, but they have enriched the minds of those who work for them.

Homœopathic dispensaries ought to be in every town where there is a homœopathic doctor, and where there are two or three doctors there ought to be a hospital. I experienced that personally in our small village of Leicester; when we got two or three medical men together we started a hospital. It has done more to promulgate the tenets of homœopathy, it has brought out more *esprit de corps*, and done more to convince the public as to the advantages of homœopathy than anything in Leicester has done before. Personally, I am not a surgeon, and if I do not cure a case with medicine I would feel inclined to hang myself. I feel so strongly on this point; but as soon as we got in Leicester two or three medical men, and I may say amongst them some who could do good surgical work, as good with homœopathy as with allopathy, and better, we started a cottage hospital, and we had it well filled the first year and did not have one death. We have had several serious operations and our success has been phenomenal. That teaches homœopathy in a small town like Leicester better than anything else.

Now as to our Institutions: I am thankful to say that there are institutions, especially the institution which is most in the minds of our London *confrères*—the British Homœopathic Association. Let us hope that the men who have started it will not lose their enthusiasm. Associations of this nature are going to do a great deal for homœopathy, but I want to see more backbone in it. I want that Association to get in touch with every town in England where there is a homœopathic doctor. Let the Association bring them all together, and if the Association has any missionary spirit connected with it I wish they would not confine themselves to London. Some of your missionaries should come down and teach us in the country a little bit more than you do.

Then, as to literature. Well, I am going to curse it. I look back to 1847 and the early years of the *British Journal of Homœopathy*, and to the grand old men of those days who did so much of the mission and pioneer work in England, especially in literature, and I would like to see us doing better than they did. I have wandered in amongst the magazines of the present day. Most people seem to think that you should not put all your eggs in one basket, that you should dot them about in half a dozen. You have your *Homœopathic World*, your *Review*, and other journals. I should like to see one good monthly journal. For instance, I do not believe that half the homœopathists in England subscribe to the HOMŒOPATHIC REVIEW. I am really ashamed to hear that men all over the country seem afraid of admitting that they are homœopathists, or that they buy a shilling monthly, or that they do anything in that way. Still, these

journals are doing an enormous amount of good, and we look forward to our young friends, such as the Editors of the *Homœopathic World* and the *Review*, to spread homœopathy, not only amongst ourselves but amongst the public, and we are very much indebted to them for taking up such work. In this connection I am sure Dr. Dyce Brown feels the burden and heat of the day, and we look upon him as one of our grand old men, and hope to see him for many years amongst us. I propose the toast of the "Homœopathic Institutions."

In responding, Dr. CHARLES WHEELER said: I am sure you will agree with me that though Dr. Clifton is critical he is not such a very good hand at cursing after all. He is critical with a certain amount of goodwill, and on behalf of the institutions and literature of homœopathy I have to thank you all for the kind way in which you have supported this toast. I thank you in respect of a large number of institutions and a great quantity of literature. Besides our own, there are a large number of journals published on homœopathy throughout the world.

As it is part of my duty to try to master the contents of some, at any rate, of these journals, I sometimes wish homœopathy was not quite so flourishing, because I seem to spend much of my time in reading of the activities of men in other parts of the world. Journals come in large numbers from Australia, America, France and Germany, so that you see there is a great deal of homœopathic literature in the shape of journalism, monthly and quarterly, to say nothing of our own homœopathic magazines in England.

As regards the institutions to which you have wished health, we have the large hospitals, the cottage hospitals, we have dispensaries, and we have the British Homœopathic Association. Having thanked you for the manner in which you have received this toast, there is still something further, I think, to be said. When we drank the health of His Majesty, we did it with loyalty, fervour and sincerity, though, as a body, we have at present little to do with the making or the marring of it, but when we drink to the health of our own institutions and our own literature we have a duty and a privilege that goes further. Our institutions can be, and are, as we choose to make them; they are in our own hands. Perhaps, as regards our literature, that does not quite so closely apply. We can, at any rate, all subscribe to the journals. Of course you all do that, but as far as regards the more purely literary and less journalistic work, not all our endeavours can ever insure our acquiring the special characteristics of some of the great men of the past. Those things are on the knees of the gods. Homœopathy has never yet failed to recognize all the instruments for the good of the cause, and to use them and give them the best opportunities.

Leaving the literature, the institutions, as I have said, are in our hands to be moulded by us. On these the future will judge us, and by them we must be prepared to stand or fall. They are the organs by which we try to express the homœopathic

life. On the whole, I think, as we look round, we can congratulate ourselves they are in a fairly healthy condition, taking the world over, and more especially perhaps our own country. The hospitals and the cottage hospitals are extending. The reports that I receive of the dispensaries and of the hospitals all speak of more work, of better results, of increased opportunities for doing good work.

I am glad that Dr. Clifton laid such stress on the dispensaries. They go to the root of the matter. What we have to aim at now is that every town shall have a dispensary, and every existing dispensary shall grow to a cottage hospital, and every cottage hospital should grow to a larger hospital. These should be our ambitions.

We have an organization to our hand which is fitted to its purpose, and that is the British Homœopathic Association, which deserves the aid of all persons who have the interests of homœopathy at heart. It has been well said that the man who has never made any mistakes has never made anything, and it is also true of institutions. There are many who think that the Association has in the past made mistakes—errors of judgment—but, at any rate, the Association has shown the capacity of learning by criticism. We may call the Association, as it were, the sympathetic nervous system of the whole country. Seeing that it is so ready to our hand, I cannot but feel that the time has come when everyone can and should lend a hand to increase its activities. The time has come when you cannot afford to ignore any man who is really interested in homœopathy. The situation to-day, I am sure, is a very critical one in the history of homœopathy. A few days ago I received a letter from one of the great veterans, Dr. Arthur Clifton, whose absence we deplore to-night. I need not say that there was no despondency in his letter whatever. But it seems, as he looked back over the years he could remember, he thought of the time when he was beginning homœopathy, with the triumph of it apparently near at hand, and I could discern in his letter one note of wonder, that the triumph should have been so long deferred. To us, perhaps, who have been through only the more recent part of the time, the matter is a little more capable of explanation. In the days to which he looks back, not only was ordinary medicine very near bankruptcy, but there was practically very little surgery, the public health was hardly thought of, bacteriology was hardly in existence, and all those various activities in the medical field that we now know so well were almost unknown. When all these other activities came into the field, ordinary orthodox medicine was able to proceed and cover its failure under the successes achieved by those other branches. It was absolutely necessary and desirable for the medical art and the science of surgery that they should reach the point they have. Public health is a matter that must continue to grow; the actual prevention of disease is a matter in which we could take the greatest interest and help in the most practical manner. In this direction,

the first steps, as you know, are being taken now for the inspection of school children. Well, they must come to us homœopathists if they want efficient treatment, so that we can certainly rejoice that that activity may eventually lead them to us. As for bacteriology, we certainly cannot afford to decry that at present, as it seems to be leading those who profess it to what is almost a short cut into the heart of homœopathy.

Therefore it can be seen, although the actual triumph of homœopathy has been in some ways strangely deferred, that there is none the less reason to hope that now, at any rate, the time is coming when there is some chance of our achieving our ambitions. We want every man and woman to be put in the fighting line. There is unlimited opportunity for work, and, in drinking to the health of the Institutions, remember that it lies in your hands to forward the health of those Institutions. It is a big cause we are fighting for. We are fighting to some extent, perhaps, for our own honour and glory. I cannot but think we should very much like to see the cause triumphant for which we have nearly all of us sacrificed something, and for which there is not one of us who is not willing to sacrifice everything; but after all, problems of life and death, health and disease, are too big to afford much thought for personal glory. We fight also for the great men of the past, and for their name and glory, but, more than anything else, we are fighting in the truest sense for the good of the human kind. The day may come when disease shall be unknown. But we know that it is a long way off, and that for years and years to come humanity will have to struggle with disease, and we know that we possess better weapons for that struggle than others. We have a great trust to proclaim and to preach, and I am sure it will not be our fault if it does not progress. The enemy is numerous; they are mostly indifferent where they used to be hostile. Many of them are even inclined to be friendly; but whether they are indifferent or hostile the burden lies upon us, as you know, to carry on our faith.

"They number many heads in that hard flock;  
Trim swordsmen push they forth, yet try thy steel:  
Thou, fighting for poor human kind shalt feel,  
The strength of Roland in thy wrist to hew—  
A chasm sheer into the barrier rock,  
And bring the army of the faithful through."

#### PRESENTATION OF TESTIMONIAL TO DR. J. W. HAYWARD.

The PRESIDENT: We meet only once a year, and on the last occasion you will remember that we had a most delightful programme, and presented our old friend Dr. Dyce Brown with a very handsome testimonial. This evening we intend to give a testimonial of our regard and esteem to another veteran who has borne the banner for forty or fifty years. I allude to Dr. J. W. Hayward.



Dr. GEORGE BURFORD delivered the Presentation Address : It is characteristic of a high civilization to recognize and do homage to its great men. But civilized life strikes a still higher note when it pays its homage to representative men who are still living. It took the human race an almost endless time to learn this elementary duty. A nation which has made its abiding mark in the history of the world had to be told that its fathers stoned the prophets. Truth to tell, the sons also were indulging in the same suicidal procedure. But eternal process has moved us on. From the eyes of this twentieth century the scales have somewhat fallen, and before our captains and our kings depart, we are once and again moved to present those laurels which genius and character have so amply deserved at our hands. It is the occasion of such an offering to a great man that you and I meet this evening to celebrate.

We children of light of the twentieth century are apt to take for granted the intellectual freedom which has required hard and persistent struggle within the memory of living man. The purer ether and sublimer air—the liberal atmosphere of culture in which each man can think and express his honest opinion, none making him afraid—I say this crowning glory of our time did not grow, like Topsy. It had to be created by battle with pen and tongue, with hammer blows of logic and the shafts of ridicule, and all the other constitutional methods of agitation that can be brought to bear for freedom of thought. We are apt to overlook the part that homœopathy has taken in this fray, and in the development of that enlarged intellectual outlook which is now our national legitimate pride. The hand of disability so late as the mid-Victorian era laid very heavily on homœopathy and things homœopathic. Men and angels—of a kind—had been moved to oust Professor Henderson from his Chair of Pathology in Edinburgh University, because privately he was a homœopath. Mr. Pope had been refused the consummation of his medical examination—a university degree—solely and wholly on the ground of his leanings toward homœopathy. Thomas Wakley, Editor of the *Lancet*, and coroner for Middlesex, had publicly announced that he would cite to his court for murder any man within his jurisdiction practising homœopathy who had the ill-fortune to lose a patient. This was only part of the delayed intellectual development which beset the national life, and our enormous advance in liberty of opinion has been due to the fighting weight of minority causes like homœopathy. Our pioneer homœopaths representing a minority cause quit themselves like men, threw themselves without fear into the fighting line of science against prejudice, and in strenuously pressing the claims of homœopathy, enlarged in so doing the volume of that current toward sweetness and light of which the whole world to-day reaps the benefit. So much for the part our pioneer homœopaths played in the battle of national life, through the medium of our minority cause.

But there were giants in those days. Quin was in the heyday of his career as Court favourite and homœopathic physician. Rutherford Russell was compiling his masterly history of the profession by which his name will long be known. But the great maritime city of the north, famous over this planet, famous since the imperial legions thundered past, scorned to be second in the installation of the new medical era. To it, as to the metropolis, the hour had come and the men. There was Drysdale, high-browed and alert, with that capacity for taking pains which is the foster-mother of genius. Drysdale, whose endowments as a scholar and scientist would have stamped him as one of Carlyle's able men in any age or time. There was Hayward, whose outlook on science was essentially experimental, determined to get at the causes of things, now working with the deadly venom of the rattlesnake, now with a masterly touch assessing the values of protoplasm—anon, turning himself to the practical solution of the problem of draughtless ventilation—but ever and in all original, bold and expert. There was John Roche, formerly lecturer in obstetrics in one of the medical schools in Ireland, and who has given two sons of even greater reputation to the life-long service of homœopathy, of which he was a successful and zealous pioneer. There was Skinner, gold medallist and former disciple of Sir J. Simpson, an apostle of the Hahnemann presentation of homœopathy, as the truth, the whole truth, and nothing but the truth, without which was no homœopathic salvation. These men lived and moved and had their being in a day when to be in a minority cause was to lie on no bed of roses. "Nor number, nor example with them wrought, to swerve from truth, nor change their constant mind."

In the earlier days of this camaraderie, to wit in 1855, there came, at the invitation of Drysdale, an alumnus, whose genius and achievements were destined to rival even those of this his master in homœopathy. With energy and insight this new and active spirit proposed to form an association of professional adherents of the new science, for co-operation and conference. The limited number of early adherents—Drysdale, Stokes, Moore, Roche, and Hayward—almost remind us of that meeting with one accord, in an upper room two thousand years ago; for out of this rudimentary association has issued world-wide benefits for poor humanity. Thus was founded the Liverpool Homœopathic Medico-Chirurgical Society, and the inspiring spirit became Secretary and Treasurer. That Society has maintained its continuity through exactly fifty years up to the present day, and having altered in nothing but name, still is a centre of light and leading in the world of homœopathy. Through all these fifty years the original founder has maintained an unbroken connection with the Institution he originated. Need I say that he is still among us, with his eye undimmed and his natural force scarce abated, a man, take him for all in all, we may not see his like again—Dr. John Williams Hayward.

Through the portals of this Society he founded there has entered a long succession of names, some of them being among the most brilliant in British homœopathy. What a tower of strength the Liverpool Society must have been in those early days to its rank and file! You recall Macaulay's beautiful setting of the classical legend, that when the imperial legions went to battle, and the fortunes of war were doubtful, and victory inclined hardly to their side, they who looked up and saw the great Twin Brethren, etherealized and sublimated, fighting by their side, recognized in such vision that they had the assurance of victory. So when our Liverpool brethren, sometimes depressed and outworn by the arduous and unequal and life-long conflict, when they looked round and saw the great twin brethren, Drysdale and Hayward, fighting by their side, must have been rejuvenated and energised by the sight to still more doughty deeds in the strenuous life.

Next to the all-compelling power of human association comes the power of the Press, that mighty force which lives and moves after authors are dead and gone. Nor were our pioneers slow in harnessing this great force to the homœopathic chariot. The Hahnemann Publishing Society had been founded in 1849, and the standard works issued under its auspices had begun to appear. But in 1859 the same strenuous personality who had founded the Liverpool Society a year before, now became Secretary of the Hahnemann Publishing Society: and the venue was changed to Liverpool.

For forty-seven consecutive years Dr. Hayward continued his secretarial work and supervised the issue of those epoch-making volumes we know so well—"The Hahnemann Materia Medica," the "Pathogenetic Cyclopædia," also called the "Cypher Repertory," and other works. These will ever remain classics in the literature of homœopathic medicine. Our Liverpool colleagues are welcome to draw what inference they choose as to the headquarters of the Hahnemann Publishing Society being transferred to Liverpool, and the inability of London to hold its own. But the whirligig of time brings about strange revenges, and the Hahnemann Publishing Society has returned to London, being now merged in the wider work of the British Homœopathic Association.

Of the publications, the most recondite, the most condensed, the most encyclopædic was, without doubt, the "Cypher Repertory." Had not the Society already returned to London as its *pièd-a-terre* it is not impossible that its location might have been demonstrated under quite other circumstances. Standing on a broken arch of London Bridge, after sketching the ruins of St. Paul's, Macaulay's New Zealander might pick up a book out of the flotsam and jetsam of the tide, and enquiring as to the strange hieroglyphics in the volume, be told that these were not cuneiform inscriptions taken from the British Museum, but homœopathic mathematics made easy, and designed to impart sweet simplicity to the "Cypher Repertory."

The herculean labour, given without stint, by Dr. Hayward to the issue of the volumes of the Hahnemann Publishing Society, would alone have earned for him the everlasting gratitude of homœopaths.

Soon after the Liverpool Society had been founded and the Hahnemann Publishing Secretariate taken over, Dr. Hayward found still other calls from progressive homœopathy demanding his support. He and his colleagues determined that a blow should be struck for homœopathy in the public services. Dr. Hayward was first in the field. In 1865 he came forward openly as a homœopathic practitioner in candidature for a vacant post on the medical staff of Toxteth Park Workhouse. The voting resulted in a tie, and Dr. Hayward lost only by the casting vote of the chairman. Nothing daunted, about 1878 he became a candidate for a position of larger influence on the surgical staff of the Liverpool Royal Infirmary, and obtained a considerable number of votes. About 1880 an appointment on the staff of the Children's Infirmary falling vacant, this was also essayed by Dr. Hayward, and again he was given substantial support by the constituency. Nor was Dr. Hayward alone in these public-spirited endeavours. Drysdale himself followed suit for another staff appointment at the Children's Infirmary, and although unsuccessful the effort was well worth making. All this gives us to think seriously. Think, indeed, what homœopathy would have been if these pioneer efforts had been followed up, and regular siege laid to public appointments as they offered themselves. Think of the splendid training of our own colleagues as surgeons and physicians in large hospitals and infirmaries, as medical officers of health, as members of the General Medical Council, and in other professional public posts. Think of the enormous lift it would give in the State to this homœopathy of ours; of the emergence from the backwater in which our supineness alone keeps us. Impossible! Well, so is every minority cause impossible until it succeeds. But I can recall Mr. Knox Shaw fighting his particular battle and winning it, and Mr. Gerard Smith fighting his battle and winning it also. My conviction is that we shall yet have to tread this thorny path—yet have to win a way for ourselves out from the ring fence of ostracism and misunderstanding; and with your solid backing and support the British Homœopathic Association may change the whole current and level of homœopathic history. And these pioneer efforts of Dr. Hayward should be to us the preliminary skirmishes of the advanced guard.

Now we are told that the serpent was more subtle than all the beasts of the field, but he was not subtle enough for Dr. Hayward and his coadjutors. The particular species whose crest was lowered was none other than the deadly rattlesnake, *Crotalus*. There being a great hiatus in our knowledge of an antidote to the venom, Dr. Hayward bent his indomitable energies to supply this want. He received a consignment of living young rattlesnakes and prepared for the exciting proceedings which

were expected to follow. Exciting they proved to be, for the rattlesnakes got loose, wriggled around and had to be persuaded by swift and subtle measures to re-enter durance vile. However, the venom was safely obtained, prepared by homœopathic measures for therapeutic use, and then commenced a series of experiments in which Dr. Hayward took a prominent part, followed by the amassing of an amount of definite knowledge which has been of incalculable service in the battle of the physician with disease and death.

But the crowning achievement of Dr. Hayward's professional life was the part he played in the foundation of the Liverpool Homœopathic Hospital. Many among us, still bearing the heat and burden of the day, regard this Hospital and the Liverpool Homœopathic Dispensaries with all the affection due to an *alma mater*.

Homœopathy is what its hospitals make it, and this was fully recognized by Dr. Hayward in his unceasing efforts to plant the flag of hospital homœopathy in Liverpool. Here is the simple, brief account of its inception: "Previous to our candidatures for infirmary posts, Dr. Drysdale was opposed to our having a homœopathic hospital in Liverpool, maintaining that hospital work was mainly surgical; but these events changed his outlook on the subject. Sir Henry Tate and other members of his family were under the professional care of Dr. Drysdale and myself. Knowing that Sir Henry was wishful for us to have a hospital, I invited him (says Dr. Hayward) to the Congress Dinner in London when I was President. At that dinner, in the course of a speech, Sir Henry used the expression, 'I intend to do something considerable for homœopathy.' I knew what he meant, and after further conference Sir Henry undertook the erection of the Liverpool Homœopathic Hospital, an everlasting monument to Sir Henry's humanitarian desires." Dr. Hayward drew out the plans for the construction. He was the first Honorary Medical Officer appointed, and continued his personal work in the Hospital until his resignation, some years later, of active public duties.

Now this story has been simple, even to baldness. The sowing of the seed of public opinion, a Congress dinner, a philanthropic and generous donor, an inspiring spirit, physicians able and willing to plan and staff the Institution, and lo! a new hospital, costing £25,000, springs into being, the headquarters of the homœopathy of the North. Cannot history repeat itself? Will not this Congress Dinner go down to posterity as famous for the inception of another great hospital movement, say in Croydon or in Leeds?

My brief biographical survey is finished. Wherefore a common spirit has moved homœopaths in east and west, north and south, to convey some outward and visible sign of their respect and affection to Dr. Hayward for the life-long services he has rendered to our great cause. From the far west has come a special message; President McClelland, President of the

last International Homœopathic Congress, says : " Dr. Hayward has done noble service in our cause, and upheld the honour and dignity of our school? I should love to join personally in this recognition of Dr. Hayward's worth and work." From the south we have another communication from the veteran Leon Simon in enthusiastic terms. The British Islands represents the north, and you represent the British Islands in voicing the enthusiastic desire of all in this country who have profited by Dr. Hayward's life-work to pay this homage and honour to our distinguished fellow-countryman.

And now, Sir, in asking you formally to present this testimonial of our perpetual indebtedness to Dr. Hayward, I must convey with stress and emphasis that this life-history is not a closed circle in homœopathic annals. This career would be shorn of its aureole, and the influences which have radiated from this personality would be imprisoned within an arbitrary time limit were it not provided that they should expand in ever-widening circles through the homœopathy that is to be. It is the crown of good work that it moulds the future as well as the present.

Our leaders one by one fall out from the strenuous life. Our captains and our kings depart. But they have writ their names imperishably in deeds ; and the deeds, united with the personalities that performed them, continue as the heritage and the inspiration of the coming race, long after the grass is green over the heads of the heroes of the day.

Lord Morley in his incomparable writings has said that it is our young men who see visions and dream dreams of the future. Sir, our revered colleague in his early days must have seen the vision and dreamt the dream, for the whole of his life was one sustained effort to convert the vision and the dream into realized ideals.

George Eliot has told us in noble language that to the sentinel the hour of duty is regal. The hour of duty expanded into a life-long tract of time has shown to us and all men how royally our colleague conceived his obligations.

It requires the hand of genius to limn the heroic lineaments of so great a personality, and the hand of genius has depicted the real self of such a man in fit words for the majesty of the theme :—

"One who never turned his back, but marched breast forward,  
Never doubted clouds would break,  
Never feared, though right were worsted, wrong would triumph.  
Held, we fall to rise, are vanquished to fight better,  
Sleep to wake."

The PRESIDENT, in making the presentation, said : It gives me great pleasure, Dr. Hayward, to present you with this elegant bowl as a substantial testimonial of the respect, the esteem and the honour that not only this Congress, not only the subscribers in Liverpool, but the whole homœopathic profession feel for you.

But, lasting as this bowl may be (and we hope that it will be handed down to the sons who represent homœopathy in the Hayward family), yet the most permanent are the works of our friend. The records of work done are, after all, the most enduring, and they form their own testimony. Now it gives me great pleasure to see you, Dr. Hayward, still enjoying life after a certain way, and that you are still above ground.

Dr. J. W. HAYWARD: Mr. President, Dr. Burford, and my dear colleagues, I feel that you have placed me in a very embarrassing position, and I crave the sympathy of this great meeting in the very difficult position in which you have placed me. To be the recipient of a special mark of favour from one's colleagues is a very great honour to me, and an honour that I feel deeply sensitive of. If I have done anything that has contributed, or is likely to contribute, to homœopathy, or has helped, or is calculated to help, the practical application thereof, such would appeal much to my own gratification, pleasure and instruction; therefore, I think that it calls for little reward or recognition by my colleagues. This beautiful and handsome bowl is in itself a very valuable present, but its value to my mind is over a hundred-fold increased by the spontaneity of the gift, and the very kind and sympathetic words which fell from the President. I cannot find words to express my feelings in return for what Dr. Burford and our President have said.

I accept this bowl with gratitude and shall preserve it, and pass it on to my heirs as a visible and tangible memorial of the very kind feeling entertained for me by my colleagues, and expressed in such a kindly way at this meeting of the British Homœopathic Congress in 1908, and on the near approach of my eightieth birthday. This reflection makes me feel that I shall not have the pleasure much longer of being present at the Congress Meetings. I have the satisfaction, however, of knowing that I have two sons, Dr. John and Dr. Charles, whom I am leaving to fill, and probably more than fill, my place. They are both much better fellows than their father. I hope that they, along with you, will have many years of long life, health, happiness and prosperity. Indeed, gentlemen, it is my wish for you all that you may live as long as you are happy and be happy as long as you live.

#### TOAST—"THE GUESTS."

Dr. WILLIAM ROCHE: Mr. President, ladies and gentlemen, time does not permit, and my poor tongue is not equal to doing justice to so important a toast as "The Guests." First and foremost, we thank the ladies for their presence to-night. We have to acknowledge how very much they have brightened and made more delightful our dinner to-night. This room would have been almost in darkness if we had not had the light of their gracious countenances. Thus I desire to speak words of kindly welcome to our lady friends who are our guests to-night. Then we have,

I have no doubt, present with us to-night some of our friends from beyond the seas, so a word of very hearty welcome is extended to them. I have very great pleasure in heartily proposing the toast of welcome to our guests to-night.

J. P. STILWELL, Esq., J.P., in responding, said: I had hoped that the gentlemen who are our guests would have risen to support me while I say a few words for them and for the ladies who are here this evening. We thank you very much for the kind reception which you have given us. This has been to me and to those who are your guests, a most interesting occasion.

I have not been able personally to join in what has taken place in the Hospital to-day, but, speaking for the Board of Management of the London Homœopathic Hospital, I can only say that we have great pleasure in extending a welcome to all who attended there.

It has been a great pleasure to me to have been here this evening. We have enjoyed the carnal things which have been set before us, but "the feast of reason and the flow of soul" which have followed, are still more delightful, and they have been a source of great enjoyment to us all. After what has been said about homœopathy, I need not enlarge upon the homœopathic ideas which on these occasions come so strongly to the front. I hope that those minorities which have been so ably spoken of by Dr. Proctor may in time become a majority, or, at all events, that we may soon be of equal numbers with the other wing of the profession. Let me thank you, Mr. President and ladies and gentlemen, for your reception of us this evening.

MR. WILLETT: I thank you heartily for your sympathetic reference to the Daylight Saving Bill in which I am so much interested, but I should not be standing here to-night if I did not have a very much stronger affection for homœopathy. I have done what I can in a small way to support our good friend, Dr. Burford, in his heroic efforts to found and support the British Homœopathic Association. I therefore desire to say all I possibly can in support of this Association. I am sure that in the Association we have the strongest engine for furthering the cause of homœopathy which exists at the present time. In order that it may flourish, it is very necessary that everyone of us who believes in homœopathy should lend a hand to the oar, and do what they can to force the ship forward. Without unanimous and hearty support it is really very hard work for those who, at the present time, seem to be labouring somewhat under a cloud. It is really very desirable that all of us should try to overlook any small difference which we may happen to have with regard to what has taken place in the past, and to give our hearty support to those who are trying to do what they can to mould opinion, and make public the leading medical system of the world, that which we believe to be absolutely the truth.



## TOAST—"THE PRESIDENT."

Dr. ORD, in proposing the toast, said : Ladies and Gentlemen, it seemed a great task I had to perform when I received a post-card from our worthy Secretary asking me to propose a toast to-night, but when I saw that the toast was that of the health of the President, I felt somewhat reconciled to my sad fate. At the same time, I feel some little reassurance in the fact that I suppose many of you here will not hear everything I am saying, judging from my own experience of the previous speeches. Therefore I speak with renewed courage.

We are all agreed that we have had an admirable Congress. I think, ladies and gentlemen, that a great deal of this success has been due to the manner in which our President has conducted the proceedings. Those of us who have had the privilege of his acquaintance for a good many years, as I have, will not be at all surprised at the manner in which he has presided at the two meetings which have been held to-day. It is probably known to many of you that Dr. Murray Moore is a very much travelled man. Travelling is very good for all of us. Our President has been twice round the world. He has been in practice in New Zealand and in California, and in several places in Great Britain, and I envy him his experience. Dr. Murray Moore has had the best of everything in his travelled career, and probably has had very much more pleasure and profit out of life than those who stick at humdrum practice all their lives. Apart from amassing fortunes, we have a higher aim. We have at heart the promulgation of the truth of medical science. Our President is not only a much-travelled man, but he is also a literary man. I have in my hand a little work by him entitled "Commonsense Homœopathy." I think, ladies and gentlemen, that is what is wanted now all over the world. I hope we shall all emulate the example set by our worthy President in the effort he has made in this little work, and in the many other works on homœopathy which he has published at various times to set forth the cause which we all of us hold so dear, and to advance it in every possible way. He, in his way, and according to his lights and opportunity, has done his best, and in that respect we cannot do better than follow his example.

Dr. Murray Moore has recently settled in practice in the very charming watering place, Leamington, near Birmingham. I think that we cannot do better than show our confidence in our President, and our thanks for the way in which he has presided over this Congress than that, in the coming year—those of us who have patients requiring change of air—should send them down to Leamington and ask him to look after them. I ask you, ladies and gentlemen, to join with me in drinking the health of our President.

Dr. J. MURRAY MOORE said : Dr. Ord, ladies and gentlemen, my friends and colleagues and lay supporters of homœopathy,

it is, I consider, the crowning honour of my professional life to preside at one of these Congresses. I have had several honours conferred upon me in the homœopathic direction. In 1871 I presided over the Liverpool Homœopathic Medico-Chirurgical Society—as it was called at that time—and I thought that a great honour, but the honour of presiding over your deliberations to-day and this evening is certainly superior to any I have received. Of course, we know a rolling stone is said to gather no moss, but a rolling stone, allow me to tell you, rubs off its corners, and so I feel I can now fraternise with Americans, Germans, French, Italians and Spanish on any and every occasion, and especially am I sympathetic with the Colonials. The kindness that I received in New Zealand I shall never forget. If any of you are broken down in health, and want to make a fresh stock of money, or if the climate of this country is too foggy and too damp and too severe in its winters, then you have only to go to Australia or New Zealand. I am sure you will pick up a living—and a very handsome living, too, if you are of the right kind. It is a simple fact that I landed a perfect stranger in Auckland years ago and without any introductions, yet I actually earned and received £880 the very first year. Now there are very few homœopaths young, or middle-aged, who can say that with truth. There is no doubt that these younger countries are more receptive of homœopathy than the old country. In fact, you have no medical opposition there to speak of. You have a community free in thought and ready to welcome any new truth, medical or theological, and so I have always held a brief for the Colonies, even for the last twenty years since I left them.

Well, gentlemen, I feel very much now your kindness in support of the chair, and I feel that this has been a successful Congress. As long as we have successful meetings as we have had to-day, homœopathy will not fall to pieces. As long as it is written about, so long as we have such good enthusiastic men, as our friend Mr. Stilwell and others here, that will speak of it and act as if they were really interested, then our great medical truth will flourish. I would like to deliver myself of this thought, that after a life of forty-two years on the practice of homœopathy I do not contemplate our absorption into the general mass of the profession. Therefore, gentlemen, as long as life remains to me and I am in possession of my faculties and senses (I hope, of course for a few years longer in life, for I have just passed my sixty-fifth birthday) I shall struggle for homœopathy. Furthermore, may I impress upon you all the necessity of keeping a record of your cases, because, remember that your colleagues will learn from your failures as well as from your successes. That to me is an important point. My father in the course of a very large and successful practice never made a note of a case. The consequence is, many therapeutic facts that could have been used by the present generation were absolutely lost.

Ladies and gentlemen, I am very much obliged to you for the

kindness you have shown towards me in the chair and in the execution of my duties.

The Congress then terminated.

The Council of the British Homœopathic Congress have presented to Dr. J. Murray Moore, the President, a photograph of the Congress Dinner as a souvenir of his year of office.

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### Therapeutic Digest.

THE OPHTHALMIC REACTION OF TUBERCULIN.—“At the meeting on November 22, of the Société Médicale des Hôpitaux, several communications were made, all showing that *tuberculin* injected into the eye may, in a certain number of manifestly tuberculous subjects, give a negative result, whilst in some who are not tuberculous it may give a positive result. These facts confirm those which we observed last July in the Hospital of St. Jacques. We think, therefore, that this method of diagnosis should be renounced. In connection with his communication M. Netter gave similar advice when he said that the ocular reaction was sometimes dangerous, and that several Parisian ophthalmologists had treated serious accidents arising from it, and when he added that as marked a reaction might be observed in those not tuberculous. M. Chauffard on the same morning had a decisive proof of the little value one ought to place on the ophthalmic reaction in the case of an adult. A young man had come under his care some weeks ago for a very evident chronic appendicitis. As he was wasted and had diarrhoea at the time of the painful crisis, notwithstanding the absence of fever and pulmonary symptoms, this appendicitis appeared to him suspicious, and he feared tuberculosis. The ophthalmic reaction was absolutely negative, and yet M. Quern, after having opened the abdomen, found a typical appendicular-cæcal tuberculosis, and was obliged to resect the cæcum.”—S. Mark Jousset, in *L'Art Médical*, February, 1908.

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POISONING BY BROMIDE OF POTASSIUM.—Dr. Campbell Stark records the following case of *bromide of potassium*

poisoning : A woman, aged 35, nearly nine months pregnant, was ordered one evening for facial neuralgia a 6-oz. mixture containing 30 grains of *bromide of potassium* in the ounce. She placed this under her pillow, and helped herself to it at short intervals during the night. She also took some *bromide*, of which she had a private store, so that in all she took  $4\frac{1}{2}$  drachms in twelve hours. On the following day she was semi-comatose. She could be aroused by speaking loudly to her, answered—apparently without understanding the question, in a hesitating and tremulous manner, but was unable to express herself intelligently on account of aphasia, which was well marked, and might have been thought due to a cerebral lesion. Thus the medicine was referred to as soup, pastry as cushion, and so on. She seemed conscious that she was using the wrong word, and after several repetitions of it would relapse into silence. Left to herself, she passed at once into a semi-comatose state, with deep, regular, slightly stertorous respirations. Pupils normal, and reacted well to light and accommodation. Pulse 76, regular, and of good volume and tension. The foetal heart could be heard quite plainly. The knee-jerks were exaggerated. The muscular movements were slow and feeble, but the patient was able to leave her bed without assistance and totter about the room. There was no anæsthesia of the skin or mucous membranes, and she took food regularly and with appetite. These conditions continued without change for two days. On the third day the aphasia had begun to disappear, and by the end of the fourth day the patient was well. She had no recollection of what had happened during the first two days. Three weeks later she had a normal confinement.—*Lancet*, May 2, 1908.

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## Notices, Reports, &c.

### BRITISH HOMŒOPATHIC SOCIETY.

THE tenth meeting of the session and the first meeting of the annual assembly was held at the London Homœopathic Hospital on Wednesday, July 1, 1908, at 8 p.m. Dr. A. Speirs Alexander, the President, was in the chair. William Ernest Falconar, M.B., of 35, Wellington Square, Hastings, was elected a member of the society.

Dr. C. J. WILKINSON, of Windsor, then read a paper entitled "Eliminations." The paper was a somewhat technical one, and dealt with the similarity in elimination as exhibited by drugs and by disease products; the examples given were *toluylendiamin*, *arseniuretted hydrogen*, *phosphorus*, *mercury*, *podophyllum*. It will well repay a further study when published in the journal of the society. A discussion followed, in which Drs. Alexander, Dyce Brown, Blackley, Hayle, Nicholson, Roberson Day, Neatby and Wilkinson took part.

The eleventh meeting of the session and the second of the annual assembly was held at the London Homœopathic Hospital on Thursday, July 2, at 5 p.m. It was the usual annual business meeting. Dr. Arthur Roberts, of Harrogate, and Dr. Steinthal, of Manchester, were unanimously elected members of the society.

The Report of the Council was read by the Secretary, Dr. E. A. Neatby. In reviewing the work of the session it was mentioned that the average attendance on members of the *materia medica* evenings had been 20, on the medicine and pathology evenings 29, and on the surgery and gynæcological evenings 15. The Treasurer, Dr. Galley Blackley, read the financial report, from which it appears that the society has during the last year been spending more than its income, as it began with a balance in hand of £23 8s. 3d., and finishes with one of only £4 15s. 9d.

The elections to fill the offices for next session then took place with the following results :—

President, Dr. Cash Reed; Vice-Presidents, Dr. W. T. Ord, Dr. Stonham; Treasurer (re-elected), Dr. Galley Blackley.

The following members were elected to the Council :—  
Drs. Burford, Johnstone, Byres Moir, Knox-Shaw, Cooper, and

C. E. Wheeler. The retiring President, Dr. A. Speirs Alexander, then delivered a short valedictory address, in which he summed up in a felicitous manner the work of the past session.

### LONDON HOMŒOPATHIC HOSPITAL.

#### GARDEN FÊTE AND SALE OF WORK.

ON Tuesday, June 23, a very attractive Garden Fête and Sale of Work was held, under the auspices of the Ladies' Guild of the Hospital, at 11, Kensington Palace Gardens, by the kind permission of Mr. R. W. Perks, M.P.

The Sale of Work was opened by Her Royal Highness the Princess Louise, Duchess of Argyll, accompanied by the Duke of Argyll. After the Princess had declared the Sale of Work open, the Earl Cawdor, Treasurer of the Hospital, thanked Her Royal Highness for so kindly attending to open the Sale, and was seconded by Mr. Stilwell, J.P., Chairman of the Board of Management. Business then commenced.

The various stalls were as follows :—

Hampstead Stall : Useful and Artistic Work, and Dolls.

Highgate Stall : Green and White Work.

Kensington Stall : Blouses and Children's Dress.

Crouch End Stall : The "Three Price" Stall.

Bloomsbury Stall : Holiday and Travelling.

South Kensington Stall : "Odds and Ends."

Streatham and Tulse Hill Stall : Fancy and Miscellaneous Work.

Southend and Westcliff-on-Sea Stall : Variety.

Sweet and Confectionery and Refreshment and Tea Stalls.

At the end of the day it was announced that as a result of the Sale the Council of the Ladies' Guild were able to hand over the sum of £650 to the Hospital, thus more than fulfilling their promise to raise £500 to complete the £30,000 of the Building Extension Fund.

### THE BURNETT FUND.

DONATION of £4 4s. from Charles Stewart, Esq.

### ERRATUM IN JULY NUMBER.

For "Mrs. Wingates" read "Mrs. Whinyates."

## NOTICE TO CORRESPONDENTS.

\* \* *We cannot undertake to return rejected manuscripts.*

All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. MCLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30 a.m.; Out-patients, 2 p.m. daily); SURGICAL, Out-patients, Mondays, 2 p.m., and Saturdays, 9 a.m.; Thursdays and Fridays, 10 a.m.; Diseases of Women, Out-patients, Tuesdays, Wednesdays, and Fridays, 2 p.m.; Diseases of Skin, Thursdays, 2 p.m.; Diseases of the Eye, Mondays and Thursdays, 2 p.m.; Diseases of the Throat and Ear, Wednesdays, 2 p.m., Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9 a.m.; Diseases of the Nervous System, Thursdays, 2 p.m.; Operations, Tuesdays and Fridays, 2.30 p.m.; Electrical Cases, Wednesdays, 9 a.m.

Contributors of papers who wish to have reprints are requested to communicate with the Publishers, Messrs. BALE, SONS AND DANIELSSON, LTD., who will make the necessary arrangements. Should the Publishers receive no such request by the date of the publication of the REVIEW, the type will be broken up.

All books for Review should be sent to the Publishers.

Papers and Dispensary Reports should be sent to Dr. MCLACHLAN, 3, Keble Road, Oxford.

Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from Dr. WYNNE THOMAS (Bromley), Dr. J. H. CLARKE (London), Dr. DYCE BROWN (London), Dr. J. GALLEY BLACKLEY (London), Dr. GRAVES (Hull), Dr. PURDON (Croydon), Dr. NEWBERRY (Plymouth), Dr. THOMAS SIMPSON (Southport), Dr. PAUL TESSIER, Dr. R. S. COPELAND (U.S.).

## BOOKS AND PERIODICALS RECEIVED.

*St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate.*

# THE BRITISH HOMOEOPATHIC REVIEW.

SEPTEMBER, 1908.

## Editorial Notes and News.

\* \* The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

**The Route of Infection in Pulmonary Tuberculosis.<sup>1</sup>** It is generally acknowledged that it is possible for the tubercle bacillus to enter and infect the system by any one of many different paths. Thus cases have been recorded where the skin, the mucous membranes of the nose, mouth, and pharynx, and even of the eye, ear, and genito-urinary tract, have been the site of entry of the bacillus. But the most probable routes are the respiratory tract and the intestinal surface. Of these two it has been hitherto the accepted view that in the majority of cases it is through the respiratory tract that the bacillus gains its entrance into the lungs in pulmonary tuberculosis. As Koch says, "In by far the majority of cases of tuberculosis the disease has its seat in the lungs and has also begun there; from this fact it is justly concluded that the germs of the disease must have got into the lungs by inhalation. We know with certainty that they get into the air with sputum of consumptive patients." This view has been recently challenged, and Sir William Whitla, in the Cavendish Lecture delivered last June, strongly supports the opinion that the infection in pulmonary tuberculosis generally reaches the lungs, not directly by inhalation, but by way of the digestive tract.

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<sup>1</sup> See Review for September, 1907, p. 508, and December, 1907, p. 728.



**Pulmonary  
Anthracosis.**

JUST as it has been held that the tubercle germs gain their entrance to the lungs by being inhaled, so the same *modus operandi* has been considered to obtain in pulmonary anthracosis. An animal breathes an atmosphere laden with fine carbon particles, such as coal dust, and the subsequent detection of these particles in the lungs has been considered proof that they reached the pulmonary parenchyma from the alveoli. The explanation has been that some of the carbon dust fails to be swept back by the upward movement of the cilia, and escapes past the ciliated epithelium into the alveoli, whence it is conveyed into the parenchyma by the phagocytes, and in time is slowly transported by the lymph channels to the bronchial glands. The mechanism for the admission of coal dust to the lungs and bronchial glands holds good also for the admission of tubercle bacilli. The analogy is complete.

\* \* \* \*

**Some Recent  
Experiments in  
the Production  
of Anthracosis.**

THIS theory as to the production of pulmonary anthracosis and, consequently, also as to the production of pulmonary tuberculosis has received a severe shock from some recent remarkable experiments.

(1) A mixture of China ink (which contains finely divided carbon) and water was injected into the large vein in the ear of an adult rabbit. The lung of the rabbit killed an hour afterwards was found to be highly charged with carbon particles.

(2) An adult guinea-pig was fed through a catheter passed into the stomach with an emulsion made by rubbing up finely powdered China ink in olive oil and water. After four or five days feeding the lungs were found engorged with carbon, while the mesenteric glands were free from it. This experiment was repeated a score of times, always with the same result.

(3) In another series of experiments the emulsion was injected into the peritoneal cavity, with the same result—the lungs were infiltrated with carbon, while the abdominal lymphatic glands were free. Evidently the fine carbon particles easily passed through the intestinal mucous membrane and the abdominal lymphatic glands, and being conveyed

into the thoracic duct, and thence emptied into the veins, were filtered out by the lungs before reaching the general circulation. When, however, young instead of adult animals were used in these experiments, the mesenteric glands were deeply infiltrated while the lungs remained free; so that the mesenteric glands arrest the carbon particles in the case of a young animal, but in an adult animal they allow them to pass through, to be arrested later on in the lungs.

(4) Rabbits and guinea-pigs were kept in an atmosphere laden with fine carbon particles from a lamp fed with turpentine. The upper air passages were, of course, found laden with carbon, and when the experiment had been of long duration and repeated, carbon particles were found in the pulmonary parenchyma; but this latter result was not obtained when the oesophagus had been first ligatured and the animal thereby prevented from swallowing any of the carbon dust.

(5) Animals were tracheotomized and one bronchus plugged with cotton wool. They were then exposed to a carbon-laden atmosphere. The result was that the free lung showed carbon deposits in the bronchi and external portions of the alveoli and also in the parenchyma; the blocked lung showed no carbon in the bronchi and alveoli, but as much carbon in the parenchyma as in the free lung.

\* \* \* \*

**Experiments in  
the Production  
of Tuberculosis.**

THE bearing of these experiments on the mode of infection in tuberculosis is obvious. If anthracosis is caused by the carbon particles being swallowed, and then passing freely through the abdominal lymphatic system, to be arrested in the lungs, there is a possibility that tubercle bacilli may reach the lungs in the same way. The fact, too, that in young animals the carbon dust does not get through the abdominal lymphatics, but becomes lodged in the mesenteric glands, suggests by analogy a reason why abdominal tuberculosis is common in children and rare in adults. But the possibility of pulmonary tuberculosis having an abdominal origin is not left to be proved by analogy, it has been substantiated by many experiments. Calmette and Guérin have injected into the stomach of guinea-pigs, through the

oesophageal tube, a finely divided emulsion of living bacilli ground up with a decoction of linseed, the constant result being that the tubercle bacilli were absorbed by the intestinal surface without producing local lesion, but they caused extensive tuberculous deposits in the mesenteric glands, lungs, &c., and even in some cases the deep cervical glands.

Professor Symmers and Dr. Whitla made experiments combining the above of Calmette and Guérin with the anthracosis experiments. They rubbed up large doses of a living culture of bovine bacilli with powdered China ink, olive oil, and water to the consistence of thin cream, and gave a single meal of this to guinea-pigs by means of a stomach tube. The animals were killed at periods of from four to twenty-four hours afterwards and examined. Tubercle bacilli and carbon particles were found lying side by side in the lungs and in the mesenteric glands. No lesion or breach of surface of the alimentary tract could anywhere be detected.

\* \* \* \*

#### Conclusion.

DR. WHITLA concludes "that though we still are hardly justified in assuming that phthisis never occurs from the inhalation of dried sputum, dust, or from the breathing of the spray ejected in the act of coughing, it appears to be conclusively proven that the alimentary tract is a frequent portal of entry for the tubercle bacillus, which is able to pass through the intact mucous membrane of the bowel without producing any local lesion at the point of entrance, that this event is especially frequent in children, and that the milk of tuberculous cows is the common source in these cases. Probably at no distant date the contention of Calmette will be accepted, that in the immense majority of cases pulmonary tuberculosis is not contracted by inhalation, but that, as taught by von Behring, the germs enter through the intestinal tract."

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#### The Treatment of Shock.

It has long been the custom to administer brandy or ether, or hypodermics of strychnine, to patients suffering from shock during, or subsequent to, surgical operations. In a paper read before the London Hospital Medical Society, Mr. Albert J. Walton,

F.R.C.S., &c., Surgical Registrar to the London Hospital, shows that this treatment is mistaken. Shock, he says, may be defined as a condition of decrease in blood pressure due to vaso-motor dilatation of the splanchnic areas, which dilatation is caused by multiple impulses passing along the afferent nerve-paths to the vaso-motor centre, at first increasing the action of the centre, but soon exhausting it. There results fall of blood pressure, with ultimate loss of nutrition to, and function of, the vital centres in the brain and cord. This condition is aggravated by a decrease in the fluid constituents of the blood, such as results from hæmorrhage. Any attempt to stimulate the exhausted vaso-motor centre by means of alcohol or strychnine only makes matters worse, the exhausted centre is unable to respond and becomes more paralysed by the drug. The best way of raising the blood pressure, and so mitigating the state of shock, is to contract the arterioles by means of injections of suprarenal extract in solution, and to fill the blood-vessels by means of subcutaneous or intravenous injections of saline fluid. Mr. Walton recommends that the suprarenal solution should be of the strength of 1 in 160,000, *i.e.*, a drachm of the ordinary 1 in 1,000 solution to a pint of normal saline solution, and that it should be allowed to flow into the rectum at a temperature of 108° to 112° F., and at the rate of one pint an hour.

\* \* \* \*

#### **Cold Storage of Milk.**

It has been generally supposed that milk kept at or about freezing point would remain in a wholesome condition for an indefinite period. Some experiments recorded in the *Journal of the American Medical Association* show that this is incorrect. Milk containing, when first put into the cold storage room, only a few hundred bacteria in the cubic centimetre, showed after a week a pronounced growth of organisms, and after five or six weeks at freezing point the number reached hundreds of millions in the cubic centimetre, although the milk was a semi-solid mass of ice crystals. The milk gave no odour or taste to show that it was contaminated, nor did it curdle on heating. It would be desirable to know the nature of the micro-organisms,

whether injurious to health or not, as if they are of an innocuous nature cold storage might still be an efficient means of preservation.

**The British  
Medical  
Association and  
Homœopathy.**

AT the Annual Representative Meeting of the British Medical Association, held at Sheffield, a discussion took place on presentation of the report of the "Central Ethical Committee" as to the "ethics of medical consultation," in which the subject of consultations with homœopaths was considered. In clause 4 of this report it was stated that "it is the duty of a practitioner to refuse to meet in consultation a practitioner whose exclusive profession of any peculiar system of treatment would render consultation futile." To this it was proposed to add the words, "except for the purpose of diagnosis." This amendment was lost, and in the discussion upon it, it was admitted by the Chairman that homœopaths were not excluded from the Association. Several speakers expressed the opinion that homœopaths ought to be altogether excluded from membership in the Association. Dr. E. T. Davies, of Liverpool, objected to homœopaths because they assumed that title, and had a special directory, and because they pretended to be something superior to the ordinary practitioner. He thought that so long as they adhered to their special distinctions, they ought most positively to be excluded from the Association altogether.<sup>1</sup> This had been done by the Lancashire and Cheshire Branch of the Association.

**The Name of  
Homœopath.**

THIS pretty little outburst of bigotry and ignorance does not surprise us in the least. It will be a long while yet before the intellect of the average practitioner is sufficiently scientific to prefer knowledge to prejudice. When that time comes he will test and see for himself whether things are as homœopaths have affirmed for a century past, and then he will become, in all perhaps but name, a homœopathist himself. This process of conversion is slowly but surely taking place amongst the bulk of the profession, and nothing

<sup>1</sup> *British Medical Journal*, August 1, Supplement, p. 126.

but dread of publicity prevents many practitioners from openly avowing their sympathy with our methods, which they are secretly adopting. As to the three counts advanced against us by Dr. Davies, the first two we neither deny nor apologize for. If some title less offensive to the *amour propre* of the would-be persecuting priests of orthodox medicine than that of "homœopath" were offered us, few would care to exchange the old flag, under which so many of us have fought and won, for a word which our opponents might graciously permit us. As a matter of fact, it is this distinction which is so offensive to them. They know well enough that had we no distinguishing title, and were there no means, such as a directory, of making our existence known as followers of the doctrines of Hahnemann, homœopathy would lose the support and enthusiasm with which those who have experienced its benefits at present surround it. A regiment without a name or a flag is of little use for fighting battles or for fighting disease. This is just what our opponents desire. It is for us to honour and support our flag. If our cause is worth maintaining it at least requires a name by which to distinguish it.

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THE last charge, that "homœopaths pretended to be something superior to the ordinary practitioner," is so badly expressed as to be partly unintelligible—we presume that the words are correctly reported. A person cannot pretend to be a thing, nor can a homœopath pretend to be *something* superior to others. If the idea intended to be expressed was that the homœopath pretends to be a superior practitioner to others, we deny it. That is a personal question that does not affect homœopathy and has nothing to do with it. A homœopath may be conceited and arrogant, and so may an allopath. We do not usually find the latter afraid to assert an alleged superiority over homœopathic practitioners. Dr. Davies might pretend to be "something superior" to other practitioners in his neighbourhood, but that would not prejudice the truth of any scientific cause he advocated in our eyes. We presume, then, that the objection intended to be stated was that "homœopaths pretended

that homœopathy was a something superior to what the ordinary practitioner employed or professed." If that was the idea, we cordially agree. When a man has got hold of a good thing we do not respect him for keeping it to himself. Every homœopath knows that he has a "something superior," and he is anxious that others should test the matter and find it out for themselves. There is no pretence about it. Indeed, there is far more pretence about the ordinary practitioner. For does not he often prescribe half a dozen drugs in one mixture, of the combined effect of which he knows nothing, and *pretend* to the patient that it will do him good? Compare this with the scientific precision of homœopathy. The homœopath, in accordance with a natural law, selects a single remedy which he knows, if the case is at all amenable to medical treatment, will do for that case all that a drug can do. And it does it. There is no pretence about that, as our patients daily testify.

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**Praise for our  
Bristol  
Confrères.**

AT the same meeting of the British Medical Association Sir Victor Horsley said "it was obvious that the question of homœopathy would have to be enquired into and reported upon by the Representative Meeting in future. Members could not have failed to notice that at Bristol lately there seemed to have been a kind of revival on the part of homœopathists and a desire to concentrate themselves together and to push homœopathy as a distinct entity. That, he thought, required the close consideration of the Association," and so on. We congratulate our Bristol colleagues that their praiseworthy efforts on behalf of the cause we hold so dear have caused this amusing flutter in the dove-cots of the Association. We beg to direct the attention of Sir Victor Horsley to Southport and the doings of homœopathists there, also to the coming enlargement of the London Homœopathic Hospital, as further evidence of "revival" to which he might well direct attention. For a long time we have been treated to a conspiracy of silence on the part of the *British Medical Journal*, but evidently that does not crush us, as was hoped, and our recent doings are to be honoured

by its notice. We consider this a healthy sign of the progress of homœopathy.

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**Congratula-  
tions to  
Dr. Hayward.**

DEAR DOCTOR HAWKES,—I am glad to learn of the proposed honour to my esteemed colleague and friend, Dr. Hayward. That I cannot be present on the interesting occasion I much regret, for I should love to join personally in this recognition of Dr. Hayward's worth and work. Not only has he made valuable contributions to our literature, but he has done noble service in our cause and upheld the honour and dignity of our school. Please present my best wishes and congratulations.

*Fifth and Wilkins Avenues,  
Pittsburg, U.S.A.*

Faithfully yours,

J. H. MCCLELLAND.

*Hon. Member of the British Homœopathic Association,  
and of the British Homœopathic Society.*

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WE have received a letter from our esteemed colleague, Dr. Léon Simon, of Dr. Léon Simon and the author of "*Crotalus*," which the following is a translation :—

"MY VERY HONOURED COLLEAGUES,—In inviting me to join with our Liverpool colleagues in offering Dr. J. W. Hayward a testimony of their esteem, you do me a great honour which I highly appreciate. It is an act of *entente cordiale* in which I am the more glad to participate, in that the *entente cordiale* has always existed between English and French homœopaths. I seize with eagerness this opportunity of discharging a debt of gratitude to Dr. J. W. Hayward.

"During the International Congress held in London, in 1881, I was one of the guests he invited to his table, and I have the happiest remembrance of the time, all too short, that I passed in his company. I am grateful to him, not only for his kindness to myself, but also for all the useful knowledge I acquired from his conversation. I will not permit myself to utter his panegyric, since my colleagues of Great Britain know all his merits much better than I do. But as it is he who has best studied the action of *crotalus*, I hope to please you by quoting a case in which this medicine did



marvels. It was the case of a Spaniard, a hypochondriac, who had many *crotalus* symptoms : melancholy, disposition to weep for trifles ; great irritability, and at the same time indifference for every kind of work. He had also one very uncommon symptom : he had lost the capacity for measuring time, which seemed to him of very long duration ; an occurrence which had taken place two hours before appeared to him long ago. He had been ill fifteen years. I made him take *crotalus* perseveringly, and he was completely cured after eighteen months treatment. He was not ungrateful, for he wrote a very kind letter of thanks to me which concluded almost with these words : 'I pray you to tell me with what medicine you have so successfully cured me, for you might die before me, and that would be very unfortunate for me, because if I had a relapse I could no longer be cured of it.' So that I should not bear to my grave a dreadful remorse, I hastened to give my client the desired information. Now he can live in peace, I can die in peace, and Dr. J. W. Hayward can boast of having done a good turn for both of us.

"C. LÉON SIMON."

\* \* \* \*

**The Odium** DR. C. W. BECKER, of Toronto, has recently returned from Europe and says :  
**Medicum.** "Our English friends tell me that the

*Lancet* and other medical journals refuse to publish an advertisement which merely stated that 'Three scholarships of £100 each are offered to fully qualified men desirous of studying Homœopathy in the Schools of America.' It would be amusing were it not so ridiculous. Think of educated medical men, supposed students and scientific investigators, and yet they cannot be trusted to even look into homœopathy. The poor pap-fed youngsters might think for themselves, which spells danger to Allopathy and kindred bolstered-up pseudo-science. And this in the Twentieth Century."—*The Medical Advance*.

## Original Articles.

### THE HOMŒOPATHIC TREATMENT OF CANCER.

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MR. PRESIDENT, LADIES, AND GENTLEMEN,—When the Secretary of your Congress Council wrote asking me if I would read a practical paper on "The Homœopathic Treatment of Cancer," I felt very flattered by the compliment paid to me, and in the first instance I absolutely and positively refused the honour, as I felt the two previous papers being in the hands of our London colleagues, the third should be from the pen of one of our provincial brethren. On second thoughts, however, I felt I was not justified in refusing, seeing that in nearly forty years of practice I have had an exceptionally large number of malignant cases under my care.

The task is difficult, and the subject one it is impossible to do justice to in the limits of a paper "which was not to occupy more than half an hour."

As this paper will be more or less a comparison between the so-called "Orthodox School" and our own, I will at once begin by quoting a few allopathic authorities.

Professor Goss says: "All internal remedies of whatever kind or character have proved unavailing; the vaunted specific of the empiric, and the enchanting draught of the honest but misguided enthusiast, have all alike failed in performing a solitary cure, and the science of the nineteenth century must confess with shame and confusion its utter inability to offer even any rational suggestion for the relief of this class of affection."

Aitken says: "In whatever part the disease may be situated, the general rule is to restore the healthy function of that part and to alleviate by opiates and chloroform or chlorodyne internally. These remedies are for a time successful, but make no impression on the disease, which silently proceeds, until the patient finally limits himself altogether to opium. The quantity of morphia and other narcotics known to have been taken in such cases is something enormous. These large doses usually produce loss of appetite, narcotism, constipation,

headache and delirium, so that the patient is only the more rapidly exhausted."

Sir James Young Simpson says : " In the way of constitutional treatment of uterine and other forms of cancer we can do nothing, or almost nothing, except retard and alleviate the course of the malady ; nearly every form of vegetable remedy has been tried, with absolutely no success whatever. All that we can do is to keep the patient as near the standard of health as possible by generous diet, by invigorating regimen and tonic medicines, and thus enable the patient to bear up against the debilitating and destructive nature of the disease."

Sir Thomas Watson says : " The treatment of this dreadful complaint can only be palliative, and sooner or later we have to fall back upon opium. Anodyne enemata have often had good effect in relieving pain, or the remedy may be given hypodermically."

Sir William Roberts says : " From a medical point of view the treatment of malignant disease is entirely symptomatic. No cure has ever been effected by any vaunted internal remedies, inoculation, X-rays, or radium. Subcutaneous injections of morphia are frequently called for."

Sir Eric Erichsen says : " All constitutional treatment is certainly useless, and no constitutional remedies appear to exercise any material influence over the disease. Much may be done by palliative treatment towards retarding the progress of cases that do not admit of operation. Preparations of opium, conium and hyoscyamus must be freely administered in order to relieve the patient's suffering and procure rest."

A recent writer says : " We are face to face with a rapid increase of a mortal disease, one universally dreaded more than any other, and for which we have in the majority of cases no remedy whatever."

From the foregoing it is unmistakably clear that any treatment the " old school " can employ is useless, and the only help the patient can expect to receive is from the hands of the surgeon ; and in not a few instances even the knife is powerless, though the surgeon seems to think that surgery is right and everything else is wrong, and more often than not confesses he is unable in the early stages to diagnose the case,

but insists on "immediate operation," that he may submit the result to a microscopic examination. If a case be cured without operation, and therefore without a microscopic examination of the growth, then, of course, our diagnosis is wrong.

We, as homœopaths, can certainly "go one better" than these authorities, for though we do not "lay the flattering unction to our souls" that we cure all our cases, we can lay claim to improving the health and so put the patient in a more favourable position to battle against the disease, prolonging life for many years, and making it bearable, without upsetting the whole economy by the administration of opiates.

I will now quote opinions from homœopathic authorities, but the "time limit" only allows me to indulge in a few.

Hahnemann, the revered father of homœopathy, says: "According to my observation the solution of *corrosive sublimate, nitrate of mercury* and *arsenic water*, judiciously employed, are the most sovereign remedies for the cleaning of open cancer, as they are for all malignant sores."

Professor Lilienthal, after forty years of practice, says: "There are no remedies for cancer; the individuality of the patient, the cause of the affection, and the concomitant symptoms may aid in selecting a remedy which, for the time being, will alleviate the suffering."

Dr. Bayes says: "There is abundant evidence to prove that *hydrastis* in malignant cases improves the general health and removes the cachectic appearance of carcinomatous patients, and also exerts a powerful influence for good on the glandular system."

Dr. Kidd says: "In an extensive practice during many years with a large number of unsuccessful cases, I have been three times encouraged as to the possibility of curing cancer. They were very good cases, the second one of the best I ever had, the patient living for a long time afterwards in perfect health."

Mr. Pearce Gould says: "It has been shown that cancer in the human subject never attacks, in the first instance, perfectly healthy tissues, but in all cases it was preceded by certain other definite tissue changes. This was an exceedingly important fact. It did not reveal the actual cure of

cancer, but it certainly carried us a very important step forward, and emphasizes the extreme importance of conserving with the utmost care the perfect integrity of the tissues of the human body."

*Resistance.*—If, then, we are to combat the terrible malignant energy of this disease, the constitution of the patient must be fortified by the most nourishing diet so that the pabulum of the blood may be able by its resistance to neutralize or antidote the germs of the disease, and by this means check the advance of destruction of tissue. We thus build up the patient's strength and so give a better and prolonged opportunity for the action of our remedies. For in almost every case there coexists a vitiated condition of blood which may be rectified by suitable treatment, and in my opinion herein lies the possibility of cancer being preventable, if not curable.

With but few exceptions the digestive and assimilative functions become weakened, there is loss of weight and strength, anæmia is present, together with pain and tenderness; while in cancer of the stomach we get also anorexia, emesis, hæmorrhage, and consequent emaciation.

Mr. Bland-Sutton says: "Irritation, local or otherwise, affecting the tissue may cause abnormal epithelial growths, which, rising above the general level, may produce warts. On the other hand, the epithelial growths may dip into the sub-epithelial tissues, and on account of lack of formative development, run riot either from decline of vigor or constitutional debility, and originate tissue of low vitality, which we call carcinomata. The conditions favourable to the development of carcinomata are absent in the young, hence in the young we have warts and in the old cancers."

These facts have a bearing on the treatment of malignant tumours. Every homœopathic physician has over and over again cured warts by internal treatment, while by the same methods cures have over and over again been made of tumours in the female breast, an organ notoriously disposed to malignant neoplasms. Here the action of *conium maculatum* cannot be denied, and what is true of this remedy is equally so of many others.

*Homœopathic Treatment.*—Before beginning the *homœopathic treatment*, I much regret the time at my disposal

forbids me going into the pathogenesis of the medicines we employ, not that it is at all necessary, as all homœopaths who believe in *similia similibus*, founded on personal provings, as well as by clinical experience, will not require to be told what they all know as well, or better than I do, *why* we place our trust in our *materia medica*. The title of my paper is not "The Homœopathic Cure of Cancer," but the "*Treatment of Cancer on Homœopathic Lines by the Homœopathic Physician.*"

Now, as "one swallow does not make a summer," neither does one case prove anything, but when, in a long term of years, large numbers of cases have presented themselves and with the same satisfactory results, we are justified in concluding that our remedies, carefully selected, have done good.

Sir Samuel Wilks says: "If a patient has a chronic disorder which is slowly progressing towards the inevitable end, and a medical man steps in with a certain medicine, and soon afterwards the downward progress is arrested, and is followed by complete restoration to health, or even greatly ameliorated, there can be no doubt that the *remedy* and the *recovery* stand in the relation of '*cause and effect*.'"

The majority of the cases we meet with are either in the female breast, the stomach, uterus, liver, or rectum. In all these cases there is great hope of improvement, and even of prolongation of life, under homœopathic treatment. My experience tells me the pancreas and bladder are not infrequently affected with malignant disease.

#### CANCER OF THE BREAST.

I must strongly emphasize the great importance of the early recognition of any swelling in the female breast as an aid to diagnosis and treatment. The innate modesty of the patient makes her so reticent that she will for months go on without telling even her own mother or sister she suspects anything wrong, and finally when she has summoned up courage to divulge her fears, it is to one of her intimate acquaintances rather than to any member of her own family. By this time her anxiety has begun to tell on her health, so much so that the cachexia of malignancy has already stamped itself in her face.

When a case of cancer in the breast presents itself to me

in its early stages, and before there is much or even no pain, I invariably put the patient on *hydrastis* 1x internally two or three drops of the tincture four times a day before meals, and a lotion of equal parts of *hydrastis* and *glycerine* applied by being painted on with a camel's hair brush and covered with medicated wool. I have this done morning and night.

I give strict injunctions whenever outward applications are employed that they are not to be *rubbed* in, lest irritation may be set up unnecessarily in the swelling. I also impress on the patient the desirability not to be constantly feeling if the tumour is altered in its size, and not to think about it more than she can possibly help. I also insist on the absolute necessity for the arm, on the affected side, being kept quiet and in a sling.

I have certainly found *hydrastis* 1x very efficacious when persisted in for some weeks, as, besides affecting the breast favourably, it seems to influence for good the faulty nutrition.

*Conium Mac.*—But if, with the swelling, there is pain in the early stages and an absence of redness, I have found one to three drops four times a day of *conium* 3x, over and over again give marked relief, even more so than *belladonna*, though this last remedy is invaluable when there is great throbbing. *Conium ointment*, B.P., applied on lint is most soothing.

*Arsen. Alb.*—When, however, the pain is of an agonizing burning character—not only in the breast but in the nerves of the brachial plexus—*arsenicum alb.* 3x at the onset, and then later on in the fifth centesimal, is the medicine I rely on for a long period. It is more indicated where there has been at any time eczema of the nipple and areola. Its action on the blood itself, the stomach, and heart, makes it a most estimable “pick-me-up,” and this is the name I give it to the patients, who swear by it. This medicine seems to hold the whole trouble in check. If the pains are of a very stabbing character, then *spigelia* 3x is given, but cautiously, as I so often have found medicinal aggravation set up by this medicine if the patient is at all hyper-sensitive to its action, and in that case a higher dilution, the 12th, is more suitable.

*Mer. Cor.*—As soon, however, as ulceration is set up, with a marked tendency to the breaking down of tissue, I

invariably call to my aid *mercurius cor.* 3x internally, and a tepid lotion of 1 in 3,000 of the same, externally as a wash, to be applied gently with a glass syringe twice daily. The affected part is then packed lightly with small pieces of lint soaked in the same lotion, and when changed washed out with the syringe. I continue this indefinitely, unless any fresh symptoms arise in the general health calling for other remedies. I have seen the most brilliant results in producing healthy granulation, so that what was once a large open sore has gradually healed, and at the same time the glands in the axilla have quite or almost entirely disappeared. I have a case now of a lady, who came to me twelve years ago, when she had been told by surgeons she must undergo an operation. She was suffering intensely night and day with pain in the breast, arm and shoulder. I at once put her on *conium ix.*

*Conium ix.*—At the end of ten days she comes telling me she “has not had nearly so much pain, though she has a little sharp stinging occasionally for a few minutes, which soon passes off.” The skin over the tumour looked very suspicious of soon ulcerating, which it did at the end of five weeks, and I at once turned to my sheet anchor, *merc. cor.* 3x. When any slight bleeding occurred I stopped the *merc. cor.* both internally and externally, and instead gave *phosphorus* 5 internally and *calendula* externally. If, however, the bleeding was more profuse than a simple oozing, I employed pure *hamamelis* or *hazeline*. When the hæmorrhage stopped I at once reverted to the *merc. cor.* 3x.

Some patients suffer more pain in the breast at the menstrual period, and at such times I have found *bryonia* 3x. to be the panacea, to the great delight of the sufferer, and that when *belladonna* has been absolutely useless. *Aconite* in half-drop doses has frequently relieved the restlessness and produced sleep, which, when under allopathic treatment, had to be obtained with *opium*.

Mental distress and anxiety in family matters will often produce disastrous results in the organ affected. I have often seen the quiescent tumour roused to activity and pain after some shock or domestic trouble, and in these cases frequently repeated doses of *ignatia ix* have been the greatest comfort



to the patient. For twenty-two years one of my patients had scirrhus of the right breast and no one knew of it except myself and my colleagues. During all these years she took nothing but *hydrastis* 1x, *conium* 3x, *arsenicum* 3x, and *mercurius cor.* 3x, according to symptoms, and not until about six months before she died, when she had a period of anxiety and strain, were there any secondary deposits. Then the glands in the anterior mediastinum became implicated with the malignant trouble, and so interfered with the action of the heart that the patient ultimately died.

Two only of my cases underwent operation for amputation of the breast. One patient, a married lady, lived four years of miserable life, and finally died of cirrhosis of the liver and malignant jaundice. The "violet leaves cure" was tried in this case, but with no good result. The other was a maiden lady who, after the breast had been removed, lived five years. To detail the history of this case and its many and varied phases would fill a volume; but I refrain.

Besides the medicines I have mentioned in the treatment of scirrhus, there are others, amongst those usually prescribed, according to circumstances, constitution and symptoms, such as *calcareo carb.*, *graphites*, *phytolacca*, and *silicea*.

#### CANCER OF THE STOMACH.

The range of symptoms in malignant disease of the stomach is very wide and lays a heavy embargo on our *materia medica*. The number of medicines at our "beck and call" is very large, and to differentiate between the various drugs according to the *totality of the symptoms* and constitution of the patient is a very important task in the homœopathic treatment of the disease. *Arsenic.* 3x is well to the front for the burning pain, vomiting and emaciation so constantly present, though I think *kali bichrom.* 5 runs it very closely, especially so if there is a tendency to constipation and a feeling of nausea when moving about. Both medicines have the same cachexia in their pathogenesis.

For the vomiting I have found *kreasote* 3 of more help than *ipecac.* or *ant. crudum*, though if there be coffee-ground appearances I believe largely in *phosphorus* 5. In some cases drinking hot water, and in others sucking small pieces of ice,

is very salutary. Where the patient finds relief from taking food, *hydrastis* 1x and *lycopodium* 5 are useful, the former more so if constipation is present, and the latter if there is much distension of the intestines and a sandy deposit in the urine, together with a mapped appearance of the tongue. *Lachesis* 5, too, is indicated by a gnawing pressure, made better by eating, but coming on again in a few hours. The emptier the stomach the more violent the pain, and here *lachesis* 5 is good.

If *acidity* be a prominent symptom, I think, in most cases, *pulsatilla* 1x is an excellent remedy, especially if the thought and smell of food produces disgust and aversion to eating; though in several cases where *pulsatilla* seemed to be called for and failed, *hydrochloric acid* 1x, three to five drops in half a wineglass of cold water, has often been very useful in my hands when acidity is the marked symptom. This is taken before meals. Of *condurango*, *acetic acid* and *lapis albus*, and many others, I have had no experience.

*Diet.*—The difficulty with the diet is such that it is impossible to lay down any hard-and-fast line to suit all cases, so much so that we frequently find "what suits the goose does not suit the gander." This difficulty with the diet varies so much with different patients. Milky foods, which one would suppose to be the most appropriate, suit some, while others cannot take milk in any form. Beef tea, mutton, veal and chicken broths, and the like, may be the only nourishment you can get in, but if a plasmon biscuit or a little plasmon powder be stirred in, so much the better. A panada of fish or chicken may agree with some and not with others. I have at this time a lady, aged 84, who has been suffering for some years with a tumour in the anterior wall of the stomach, which is exquisitely sensitive to palpation, and who suffers more from flatulence than vomiting, who finds 2 oz. of fillet steak beaten to a pulp, with a tablespoonful of cream added, and eaten as a sandwich, gives more satisfaction and comfort than anything else. She will vary the monotony by occasionally having a suspicion of anchovy paste smeared on the bread and butter. If she ventures on anything more solid she takes a pinch of Richard's lactopeptin, with good effect. A calf's tail stewed in new milk and served with parsley butter, with the juice of

half a lemon over it, is a most nutritious dish, invariably liked, and is easily digested. When exhaustion is great I find an egg, white and yolk, well beaten up, and the tumbler half filled with champagne, an excellent "pick-me-up," though egg in any other shape or form cannot be tolerated. When the stomach rejects everything, nutrient enemata or nutrient suppositories will be necessary.

I cannot speak too highly of Valentine's Meat Juice, Horlick's Malted Milk, and Neave's Food. I prefer a little concentrated nourishment frequently given to larger amounts at longer intervals. I found a mouth-wash of one or two dessert-spoonfuls of hock in a small wineglass of seltzer water more agreeable and pleasant than anything else, the patient often exclaiming after using it, "Oh, that's nice!" and if the syphon has been on ice, the better they like it.

If there is constipation I prefer an injection *per rectum* of warm water, or thin gruel with a tablespoonful of Lucca oil stirred in with it. If there is much abdominal distension, I order a tablespoonful of turpentine and salad oil in equal parts to be gently rubbed over the abdomen and then covered with hot cotton-wool. I prefer this to giving any so-called "opening medicines." As outward applications, hot, tepid or cold compresses, according to circumstances, or if in much pain extract of *belladonna* and *glycerine*, I am very partial to.

#### MALIGNANT DISEASE OF THE LIVER.

Except in the cases of "old toppers," and one case of a lady who had suffered for years from diabetes, and who when the sugar ceased to be excreted in the urine developed malignant disease of the liver, I have never seen a case of cancer of the liver as a primary disease; there has always been antecedent trouble either in the breast, uterus, stomach, or other organ. Therefore, in treating the trouble in the liver I always keep in view the primary mischief, and study the patient rather than the disease.

I usually commence my treatment with *nux vom.* 3x and *arsenicum* 3x where alcohol has been responsible, as both these medicines, in my opinion, are antagonistic to the influence of it. *Arsenic.* is very plainly indicated if there is that sense of burning in the liver so often complained of, and accompanied by great weakness and emaciation.

When jaundice is present, whether from pressure or catarrh, I am very much attached to *chelidonium* 1x, having seen better results from its use than anything else. If there is a history of hepatic colic (gall-stone), I at once put the patient on *cholesterin* 3x, 2 grains every night at bedtime. If with the jaundice pneumonic symptoms are present, I then prescribe *phosphorus* 5, which we all know has such excellent effects on both liver and lungs. *Nitric acid* 1x I have found useful if with the jaundice there be constipation and stitching pain in the liver, and a sense of pressure on that organ. *Mercurius sol.* 3x is a reliable remedy, especially if there is any syphilitic history. *Podophyllin* has often disappointed me.

When ascites is present, and I feel we are nearing the end, paracentesis is called for, though only as a temporary measure. As adjunctive treatment I keep a wet compress over the hepatic region until a red rash appears, when I have it removed, and the part sponged with tepid water, and afterwards covered with a layer of cotton-wool or gamgee tissue. As soon as all the redness has disappeared the compress is again applied. For the irritation of the skin, so often present in jaundice, I know nothing so soothing as a bath of a temperature of 100° F. daily, if the strength of the patient permits it. I think this helps to control the congestion and the catarrhal condition, and frequently, if taken in the evening, gives a good night's rest.

*Diet.*—The diet has to be regulated to a nicety, and must be non-irritating and free from stimulants, unless great exhaustion is present; then I give a little brandy beaten up with egg and milk. As to drinks, skimmed milk, plenty of cold water or seltzer water if there is a tendency to constipation; fresh fruit and most vegetables I allow, except potatoes. As for meat, a little lamb, or mutton without fat, are quite as harmless as a chicken or fish. It is sometimes very difficult to tempt the patient to eat, as what may be enjoyed to-day may be repulsive to-morrow. By taxing one's ingenuity, one may concoct a relish, and, if only for a time, something is gained.

#### CANCER OF THE UTERUS.

Cancer of the uterus is by far the most frequent, and here the female sex has decidedly the worst of it.

In the early stage, as soon as the mischief is diagnosed, I put the patient on *belladonna* 1x and continue it for some weeks, as there is almost constantly a sense of congestive fulness, throbbing, bearing down, with engorgement of the glands in the neighbourhood, and backache, with or without hæmorrhagic discharge. When there is much pain and induration involving the ovaries, as well as the uterus, *conium* 1x is a very reliable medicine; the patient always finds it soothing and comforting. *Graphites* 5 and *hydrastis* 1x are both most excellent remedies, the former especially when there is aggravation of pain just before or at the "period," with swelling of the lymphatics, and the neck of the uterus hard and swollen with cauliflower excrescences; the latter (*hydrastis*) if there is constipation and other digestive troubles. *Chamomilla* 3x must not be lost sight of, as I have often found it eases pain when other medicines have failed. In cases developing at the "climacteric," where pressure is intolerable and the pain chiefly located in the left side, running down the course of the nerves, *lachesis* 5 is the remedy. For burning pain in the uterus, accompanied by acrid discharge, light or coloured, or disagreeable smelling, *arsenicum alb.* 3x and *carbo veg.* 5 have done me good service, while *kreasote* 3 internally, and a hot douche of the same drug in the proportion of 1 in 100 as a vaginal injection, have been a great comfort. When either *belladonna*, *conium* or *hydrastis* is being given internally, I usually employ a suppository made up with the same medicine and passed high up into the vagina—this is done every night or two. When the cervix is much ulcerated I have found *mercurius cor.* 3x, and gentle but thorough warm douching for some minutes with the *bichloride* 1 in 3,000, answer well.

For the hæmorrhage, which is sometimes very alarming, *sabina* and *secale* have not always satisfied me. I have had far better results from *crocus* 3x and *hamamelis* 1x. Hot douches at a temperature of 110° to 115° F. may act sometimes very promptly, but if the bleeding portion is out of reach the douche is not of much use. I think a hot sitz-bath, when the strength of the patient permits it, is often very useful, and if taken daily so much the better; if at night, it generally soothes and promotes sleep. During the menstrual

period great care must be taken and absolute rest enjoined for at least two days, with a vinegar compress applied over the whole abdomen. After the "period" has subsided a warm douche with one teaspoonful of Sanitas to a quart of warm water is most comforting.

The patient's whole manner of living demands careful watching. Her dress must be loose and no corsets allowed. Walking gently out of doors, thus getting all the fresh air possible, does no harm. I had a lady suffering from this trouble who was an enthusiastic tennis player and who could not be persuaded to give it up entirely. The only trouble she had after a game was the urgent necessity for the catheter, which she could not do without on these occasions. The whole regimen must be directed to maintaining the strength at as high a pitch as possible, only allowing stimulants when absolutely necessary, and that very cautiously, lest the patient slip unwittingly into alcoholism. The bowels I keep open by allowing plenty of fruit; hot water enemata are useful, which I advise the patient to retain as long as possible, as they relieve pain and control in some degree the congestion present.

#### CANCER OF THE BLADDER.

I have only had two cases of cancer of the bladder, both of which were females. In one the ulceration perforated through to the intestines, so that the fæces were discharged *per urethram*, which necessitated frequent irrigation with Condly or boracic water, and this for many weeks. Both patients obtained more relief from *thuja* 1x than anything else, though *arsenicum* 3x and *conium* 1x were frequently in requisition as indications arose, but when the urine became ammoniacal *chimaphila* 1x was helpful, and *terebene* 1x when hæmaturia was present.

In malignant diseases of the glands in the neck *cistus canadensis* 1x carries off the palm, and in a measure holds the mischief in check, but the rapid growth of the tumour is such that in one case the knife was resorted to, with the result that in a week or two a second and fatal operation was called for.

I do not for a moment presume or expect anything I have

said is at all new to my colleagues assembled here who know their homœopathic *materia medica*. My intention has been to show how, with our judiciously selected remedies, we can do without poisoning our patients with *morphia*. In all my years of practice I have not given half a dozen injections of *morphia* in malignant disease to relieve pain. Where sleep has been disturbed, or prevented by restlessness, I have given either *hyoscyamus* 1x or five to ten drops of *nepenthe*.

I do not wish it to go forth from this Congress that what I have said is all that could be said on our treatment, nor that the medicines I have mentioned are the only ones at our disposal. Though the disease is what we have to think about, the constitutional condition of the patient is equally paramount. One symptom does not make a disease; it is *the totality of the symptoms* that must not be ignored. When case after case presents itself, and the results are the same, I think we are justified in our conclusions that our carefully selected remedies have done good.

I am fully and firmly convinced that the far-reaching action of our medicines has a great influence in checking secondary deposits. In the scirrhus case before mentioned there was no sign of infiltration in the axilla for eight years, though I examined for it on every visit; but on March 3, 1904, *i.e.*, eight years from first seeing the case, I find in my notes, "For the first time there is a suspicion of trouble in the axilla."

As homœopaths, we do not assert that we can cure cancer except in the early stages of the disease, but we have the satisfaction of constantly hearing from those sufferers who place themselves under our care, after being previously in the hands of allopaths, the regret that they did not come earlier under the treatment we employ, as they get more relief and freedom from pain while taking our medicines than they did before, and that without *morphia* and *opium*. The general who is the most successful in his campaigns is the one who has the greatest amount of armament and variety of forces at his disposal. So with the physician, he who has an intimate knowledge of our *materia medica* has an arsenal to fall back upon, on which he can rely with confidence to assist him in fighting the enemy, and if not in curing his patients, he can at least give relief.

We, as homœopaths, have been vilified and have suffered incredible abuse, which we have borne with rare dignity, simply because we have truth on our side and are not ashamed of our principles and practice.

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### THE BEARING OF MODERN PATHOLOGY ON THE TREATMENT OF CANCER.

By EDWIN A. NEATBY, M.D.

"AMONG women who have attained their forty-fifth year, as well as among men ten years older, cancer exacts a yearly death-toll vastly heavier than that which is levied by that other national scourge, pulmonary tuberculosis. It would therefore appear from statistics that thousands of those whom medical science has enabled us to rescue from premature death from tuberculosis are doomed, after a respite of only a few years, to fall victims to another and more terrible destroyer." (*Lancet*, vol. I, 1903, p. 1178.)

If there is even an element of truth in these words we need feel no surprise at the almost feverish efforts which are being made in this and other countries to find the cause and the essential nature of cancer, and to discover agents or methods of treatment which will yield at least a modicum of success.

More than one theory as to its parasitic origin has been propounded; of these, the one attracting most attention is that which ascribes its development to the presence in the tissues of the *Micrococcus neoformans*—a variety of staphylococcus described by Doyen.

Another theory attributes cancer to the presence in some part of the somatic tissues of certain wandering germ-cells, *i.e.*, cells which were destined in the embryo to form reproductive tissue or organs. These wandering cells remain in most cases latent for an indefinite number of years, and wake into activity about or after middle life. For this view Dr. Beard, D.Sc., is mainly responsible. These two theories have been combined by Dr. Gerald Leighton, Professor of Pathology in the Royal Veterinary College of Edinburgh, who suggests that the latent germ-cells may be roused into activity



by the presence of a parasite or its secretions. I do not propose to discuss either of these theories, but shall allude to them again when referring to treatment.

The term pathology may be defined as "the science of the nature of disease." On to this broad conception of pathology, current phraseology often grafts morbid anatomy. Though this may not be strictly accurate, I propose to invest the term with this combined or double meaning for the purpose of this paper.

More precisely stated, I wish to draw your attention, *first*, to some of the recent teaching concerning morbid histology in association with cancer, and *second* to some recent teaching with reference to the essence or pathology of the disease. The first, if correctly observed, is a question of fact; the second, one in which theory holds a large place. The errors of the first are mainly those of incompleteness and possible inaccuracy of deduction; the errors of the second are as changeful as in physiology, but they tend to lessen as theory becomes based on fact. A large amount of work in London, Liverpool, and abroad has been devoted, as I have already mentioned, to the study of the structure and multiplication of the cellular elements in cancer. So novel, interesting, and important have these investigations been, that they at first overshadowed the importance of research concerning the behaviour of the connective-tissue stroma in which the cancerous cells proliferate, and the changes associated with such cellular proliferation, either as cause or effect. The subject of my paper is not the pathology of cancer, but the bearing of its pathology on its treatment. I shall, therefore, allude only to such points as seem to be related to the latter.

The most painstaking and illuminating study of the connective tissue in cancer emanates from the research laboratory of the Middlesex Hospital, and was presented to the profession by Dr. Victor Bonney, in the Hunterian lectures delivered before the Royal College of Surgeons in February of this year.

By the inspection of a few sections of tissue the subject of carcinomatous deposit, even a beginner is impressed by the area of small cell infiltration which occurs in the vicinity of these new growths. Professor Bonney has stained these

cells with differential blood stains, and finds them to consist of a variety of cells; of these, the most important are polynuclear leucocytes, lymphocytes, and "plasma" cells. These last are large cells with an excentric nucleus, with from five to eight masses of chromatin placed peripherally, and one or two central nucleoli. These cells are united one to another by fine processes.

The yellow elastic tissue frequently disappears, and in some cases it first separates from the adjacent endothelium by a new deposit of hyaline tissue. It is into this area, devoid of yellow elastic tissue, that the first epithelial growths take place. In some cases, especially in the breast, a new formation of elastic tissue occurs. These cells and connective tissue changes are found both in inflammatory states and in the vicinity of carcinomatous tissue.

In short, Bonney's investigations have rendered much more precise our previous knowledge that inflammatory conditions in a variety of situations are favourable ground for the development of cancer. It will suffice if I quote passages from three of the sections alluded to by him as specially illustrating this fact.

(1) *Carcinoma of Vulva*.—Clinical investigation of a large number of cases failed to find one example of carcinoma of the vulva in which "the chronic inflammatory condition known as leukoplakia was not antecedent to the onset of the new growth." Microscopic examination shows that "the earliest downgrowth of the epithelium is into a tissue deficient in yellow elastic fibres, and otherwise profoundly altered by the pre-existent inflammatory process." Moreover, it is in the early active stage, where cell proliferation in the connective tissue is still going on, that carcinoma is prone to develop. In the later stages, when clinically the skin is thickened, white, and hard; when, microscopically, the cell infiltration disappears and collagen is deposited in the sub-epithelial tissues, cancer is much less likely to develop.

(2) *Carcinoma of Cervix*. — "Evidence of pre-existent cervicitis and 'cervical erosion,' is present in all the early cases which I have examined." "Carcinoma of the cervix may begin either in the thickened squamous epithelium that covers the area of an old erosion, or in the hypertrophic

cervical glands higher up. In either case the development of malignancy appears to bear some relation to the altered conditions that obtain between the epithelium and its underlying connective tissue as a result of long-continued cervicitis." It would take us too long and somewhat wide of the main object of this paper were I to dwell upon the interesting histological points on which these statements are based.

(3) *Mammary Carcinoma*.—In all early cases Bonney found histological evidence of traces of mastitis. These changes are soon obliterated by the spread of the disease.

Summing up, Bonney states "that in all the forms of carcinoma the malignant epithelial ingrowth has been preceded by certain constant changes in the sub-epithelial tissues. These changes consist in a type of chronic inflammation characterized by the presence of plasma-cells and lymphocytes, as the main cell-forms seen, the remaining cellular elements of the connective tissue being more or less quiescent, while there is a disappearance of elastin and collagen from the sustentacular framework. These changes, coupled with the epithelial hypertrophy which subsequently appears, constitute the precarcinomatous state." This precarcinomatous state may be attained through various inflammatory processes, at first quite distinct from one another, but culminating in the same histological picture. Acute suppurative inflammation is least likely to be followed by cancer, chronic suppurative inflammation next most unlikely, while tuberculosis and syphilitic inflammation are more common as exciting causes.

This teaching is a scientific confirmation of clinical observation and theoretical deduction in favour of the existence of a precancerous stage of cancer. The lesson of this doctrine is "writ large" across it—prevention is better than cure. In spite of the obvious fact that we can seldom or never be sure that we have warded off a potential carcinoma, no effort should be spared to prevent the precancerous stage drifting into the established disease.

With what new dignity and importance does not this teaching invest the common-place maladies of vulvitis, "cervical erosion," and mastitis! I have selected these three as being in my own department; but what is true in these

instances is true of the tongue, the œsophagus, the intestine, and probably of cancerous growths in general.

From this, the first point and the first great lesson of my paper, it is an easy step to the second. I have referred to the fact that it is not the old cases of leukoplakia of the vulva which are prone to take on cancer stages. In other words, the presence of thickened stroma and collagenous deposit has arrested the threatening tendency. Some defensive mechanism has been called into action. Goldmann<sup>1</sup> believes that "facts prove that the body commands powers of combating cancer and healing it." He says that in cured or retarded cases "we always discover the same reaction on the part of the body, namely, the formation of stroma." Two years ago, when I occupied the Chair now so ably filled by our friend, Dr. Murray Moore, I had the honour of drawing your attention to the gradual change in professional opinion as to the local or constitutional origin of several diseases, amongst which was cancer. This feeling is obviously growing, but perhaps not as a direct antithesis to that of local origin—rather as a supplement to such local tendency or beginning. In other words, cells whose origin is at present unknown become fertile, either through the removal of a normal inhibiting influence or the introduction of an abnormal exciting one. In either case some new defensive process is originated in the body. Professor Bonney tells us that there is "no *histological* evidence (*italics mine*) of a protective reaction on the part of the tissues to the carcinoma cell." This may be because, in the cases where carcinoma actually developed, such defensive reaction had failed, or because the reaction is of a bio-chemical rather than a histological kind. But Professor Goldmann,<sup>2</sup> of Freiburg, believes that there is a formation of new vessels in the vicinity of the infiltrating growth, which vascular increase decreases as the growth increases, and eventually disappears entirely. He regards "vascular neo-formation" as a test of "the body's power of reacting against malignant tumours." The vascularization, however, he believes to be merely "useful in producing more active blood circulation"; and "the efficacy of this intensified circulation

<sup>1</sup> *Trans. Roy. Soc. Med.*, 1907.

<sup>2</sup> *Loc. cit.*

is naturally dependent upon the presence of defensive factors in the blood." In relation to other diseases, Wright has shown that an increased circulation of blood poor in defensive properties is in no way beneficial—perhaps is even injurious, by inducing a more rapid dissemination of toxins or other injurious substances.

Though little is known as to the exciting causes of cancer, yet it is becoming an article of belief that an analogy between it and many infectious disorders must exist—both as to cause and cure.

Mr. Mansell Moullin, after stating that it is obvious that healthy tissues do possess some power of resistance to the growth of cancer, in a short communication to the *Lancet* concerning the development of secondary nodules in suture scars, makes a striking statement. He advances the belief, and gives a case in support of it, that the cancer germs are not carried in by the needle or suture, but that development occurs in the suture track as being a place where the resistance is lowered. He then avers that "all the instances in which transplanted cancer germs have succeeded in growing have been cases in which the patients were suffering from cancer already, in whom it may be presumed the power of resistance had been already overcome."

Dr. Sampson Handley, in a lecture before the College of Surgeons, worked out in an interesting way his subject, which was "The Spontaneous Cure of Cancer."

The foregoing references are, I hope, enough to show the drift of modern thinking in regard to cancer, but the most striking utterance of all on the subject was enunciated by Professor Goldmann, before the Surgical Section of the Royal Society of Medicine. Referring to the general question of protective elements against cancer, he said, "it will remain a subject for future research to discover what these defensive substances are, and above all, where they are manufactured." It seems to me that our present clinical and pathological knowledge already enables us to infer that the body's first line of defence is established on the boundary of the invading growth. From this point of view we understand cases like the following, which, I believe, have come before the notice of every surgeon. Patients suffering from cancer

of slow growth and long duration are advised to have it removed instantaneously. The operation is successfully performed and the healing process is normal. Yet the patient returns within a short time suffering from a recurrence, which has grown rapidly and has assumed features of an alarming nature. It appears to me that in such cases the surgeon's knife has done harm. In removing the growth he has destroyed the barrier of defence which the body has carefully raised up during the long period of the tumour's existence. I know full well that many of my surgical colleagues will disagree with me. And yet I feel that the time has come for us to consider whether stereotyped surgical interference is the only remedy of the future for malignant growths. Should we not rather begin to individualize, as we do in every other disease which is brought to us for treatment? But how can we individualize if we pay no attention to the individual characters of the case we treat—if, above all things, we pay no heed to the efforts of the body to ward off the threatening danger? Can we wonder that such contradictory views still exist as to the rational and radical treatment of cancer?

The second point, then, that I present to you as a feature of modern pathological teaching is, that the body is capable of a defensive reaction against cancer. The great lesson to be learned in connection with this teaching is how to encourage such defence, and how not to weaken it. It is, unfortunately, still a lesson of the future. Can we state at this juncture what is the precise bearing of these facts upon the great question of treatment? The first and most definite impression it should have on our minds and our actions is that by some means or other the defensive mechanism may be stimulated or depressed. We are no longer given over to the apathy of despair in dealing with this fell disease.

While we are not in a position to affirm that operations can be superseded, we can most of us confirm the authoritative point already advanced—viz., that not only is operation not universally successful, it is sometimes harmful, by sweeping away protective barriers—herein being entirely analogous with septic and tuberculous conditions.

It may make this paper somewhat more practical if I

briefly state some of the possible lines on which the treatment of cancer patients may be conducted, and some of the agents which may profitably be experimented with :—

(1) The germ-cell theory has brought with it the treatment by the digestive ferments. Without pretending to settle the question of its utility, I need only state that it has been a disappointment to me. Though Dr. Beard's directions were followed carefully, only a very temporary improvement in the patient's general condition ensued. I show the chart of one case we had in the wards: each dose was followed by high fever and intense misery to the patient, a placid and patient woman.

(2) The parasite theory has had, as its corollaries, the treatment both by an anti-toxic serum and a toxic "vaccine." As one would expect, the latter has proved the more fruitful. Several recorded cures have come to us from Brussels. One case of my own, referred to before in this room, still remains well, after an avowedly incomplete removal over two years ago, while taking almost constantly, every two or three weeks, neoformans vaccine by the mouth. In another case of malignant ovarian tumour, removed nearly two years ago, with much less frequent doses, the patient has remained free from recurrence. These cases often recur rapidly. For relief from pain and improvement in health I have not found any other measure so generally useful.

(3) The fact elicited by the Cancer Research Commission, that immunity may be established in mice by the injection of repeated small quantities of cancer tissue, has its counterpart as a method of treatment in the various "nosode" agents, supposed to contain some cancer "virus," and more accurately in the actual cancer tissue, ground down and sterilized. The first named are said to be made from discharge from an ulcerating cancerous growth, and seem to me to be of uncertain relation to cancer. The second can be, in a measure, standardized; it can be used in tangible doses by the subcutaneous or the oral route, in so-called "unit" doses or at frequent intervals; or again, it may be given in either of these methods in high dilution. A considerable number of cases are now under treatment in my hospital and private practice by infrequent doses of the 7x to the 12x dilution. On these cases it is too early to report.

(4) Next we come to specific drugs, chosen either on a homœopathic basis or empirically. Of these, *arsenic* comes first, on account of the evidence existing as to its power to produce cancer. Dr. Burford has brought forward at the British Homœopathic Society, breast recurrences, apparently cured by the *cacodylate of soda*, a hydrogen preparation of *arsenic*. I have had one case of uterine cancer, the patient having hæmorrhage, pain and cachexia, also apparently cured by the same drug after a partial curetting. Next I may mention *senecio jacobæa*, which I am using with encouragement on account of evidence which reached me of its being known in New Zealand to produce cancer in cattle.

Dr. Cooper's usage of *lobelia*, and Dr. Burnett's of *bellis*, *cundurango*, *conium*, &c., seem to be empirical. If further experience with any of these agents proves them to be true remedies, it will also probably render their usage more certain, by furnishing us with some definite indications.

(5) General drug treatment to raise the index of resistance and based on homœopathic indications, subjective or objective, if mentioned last, is not least in importance. It is a method perhaps more generally applicable than any other.

(6) The use of physical agents such as the various light rays and radium emanations may, I hope, be touched upon by others, as I have no personal experience of them.

From these meagre references it will be seen that there are many possible forms of constitutional treatment, designed to supplement operative measures, or to replace them where they are undesirable or impossible. To secure the greatest good to the greatest number, we should agree to record our cases on a common plan;<sup>1</sup> to select our method of treatment for each case on some definite line; to keep as far as possible to the same line for any one case, and certainly not to mix, say, a toxin emulsion with an ordinary homœopathic or empirical drug without some excellent reason.

How urgent is the call to us all to join most earnestly in the "cancer war," as the Germans name it, you do not need me to tell you! The enthusiasm with which "the war" is being prosecuted by those having money, leisure and laboratories

<sup>1</sup> A scheme for taking cancer cases was exhibited.



at their command should be emulated by us, who always place the importance of treatment first, and who have fixed principles on which to base it. Almost every new successful method of treatment in the dominant school is based, directly or indirectly, on the rule of similars. Let this give us confidence to carry on the struggle with renewed energy and hopefulness.

I am sure some united action in this matter is needed, and I know no subject more urgent or more worthy of our unselfish and devoted effort. With so many methods of attack open to us we may fairly hope to win some therapeutic victories, to bring credit to the school of thought we represent, and to effect some diminution of the sum of human misery induced by this ghastly scourge. Success on lines such as these would surely do more to justify our existence as a professional body than many other worthy but less tangible schemes. Is it impossible that while our friends of the dominant school, with their vast resources, are groping to discover Nature's etiological secrets and the essence of cancer, we may unostentatiously discover or search for some rays of light which shall illuminate the therapeutic darkness still enveloping the subject.

I will close by proposing that the British Homœopathic Committee signalize its 1908 meeting by taking steps to consider the best means of increasing our knowledge of the prevention and cure of cancer. For this purpose I ask the meeting to appoint a committee, consisting of two or three seniors to supply dignity and stability, and a number of younger men with energy, originality, a good knowledge of homœopathic *materia medica*, and some modern scientific training. I would call it the Cancer Therapeutic Research Commission, with power to add to its number, and make it responsible to report to this Congress next year.

"Let us work while it is day, for the night cometh when no man can work."

## DISCUSSION.

The PRESIDENT invited brief and pithy speeches on the three papers. The Congress would be glad to hear of the personal and clinical experience of individuals, and if anybody had cured a case of cancer, now was the time for him to declare it.

Dr. HAYLE, of Rochdale, said the subject was extremely interesting, none more so, and it had been very happily dealt with. Just now there was an epidemic of bacteria and vaccine, and when the profession experienced an epidemic, the result was that of which they had heard that morning. They should discount by 90 per cent. that which was said of efficacy of injections of serum. The causes of cancer were many, and there must be a difference in the constitution of patients. Some sweeps got cancer of the skin; others did not. Every man who smoked a pipe did not get cancer of the lips. There must be something in the constitution. Local irritation was one of the causes, but there was something deeper that caused cancer to come. He did not suppose that 10 per cent. of women who received knocks on the breast got cancer in the breast. He believed the cause of cancer was to be found in the nervous system almost entirely. He was sure that in many cases worry brought on cancer. Dr. Burwood mentioned one case where worry made the patient worse, and if it could make the patient worse it could originate the disease. If a person worried, the nerves were upset, and he believed that love troubles had brought on many cases of cancer of the breast and womb. He looked to nervous influence and local irritation as causes of cancer. There were many mistakes in diagnosis, and he thought some of the cases mentioned by Dr. Burwood were not cancer. A case came under his notice which was diagnosed by three medical men as true scirrhus of the breast, but the patient got well, and he did not believe it was cancer. He did not believe medical treatment ever had any radical effect upon true cancer. If they knew that cancer was coming on they must prevent it. The only way of curing cancer was to prevent it. He had had hundreds of cases of cancer, and he had never seen one cured by operation.

Dr. ORD, Bournemouth, expressed his personal thanks to

the three readers of papers. Cancer shared with tuberculosis the unenviable position of being one of the two great scourges of the human race. The medical profession seemed to have arrived a little further in the knowledge and cure of tuberculosis than was the case with regard to cancer. The first two papers encouraged them to hope that further progress might be made, and that they would be able to combat this terrible disease. He thanked especially Dr. Burwood for his admirable *résumé* of what had been done for years—he might almost say for generations—by homœopathists. They had gathered from his paper the conviction that under the persistent use of homœopathic medicine, prescribed according to the law of similars, their cancer patients were carried through with less suffering and distress, life was prolonged, and the inevitable issue was attended by an euthanasia which morphia failed to produce. It was true that mistakes of diagnosis were frequently made. There was one case that he knew of in the Midlands where, when the patient came to the operating table, the tumour had actually vanished. The spontaneous cure of cancer in some cases was also an acknowledged fact. There was a remarkable case about eight years ago, reported, he believed, to the Royal College of Surgeons, Ireland, where a man who had been twice operated upon for sarcoma of the face, was sent home to die, but after the application of poultices of comfrey, made a complete recovery. He had tried this remedy in a similar case, but with no result. There seemed to be such things as “cancer houses.” The cases might be coincidences, but it was difficult to prove by statistics whether they were or not. If they were not mere coincidences, was it possible that mice had anything to do with them? It was known that mice were very liable to cancer, and if some generations of mice had cancer, was it possible that germs from the suppurating wounds of the mice might get into the house and convey the disease? He had found that injections of *neoformans vaccine*, as in the cases tried by Dr. Neatby, appeared to have had some effect in arresting the progress of the disease, and in relieving pain. He should apply this treatment in inoperable cancer. The recurrence of pain was a sign that another injection was required, and when that was given the

pain subsided again. He had obtained favourable results from the local use of *hydrastis*. The best results were from concentrated fluid extracts. It was very encouraging to hear that the trend of all modern discovery in this matter was a confirmation of the law of similars, by which they regulated their practice. Of all the remedies which modern science had discovered the X-rays and *arsenic* were exquisitely homœopathic in their action.

Dr. PAYNE SCOTT said he had found immediate relief in the worst symptoms follow from the outward application of Parke Davis' liquid extract of sheep sorrel. He mentioned the case to a colleague in Sydney who was so much struck with the result that he published a pamphlet saying he had a cure for cancer. He did not go so far as that. In some cases he found that it gave no relief, in others it afforded relief from the first application. He deprecated the formation of large hopes concerning this or any other treatment until it had been thoroughly tried, but he should like to see it receive that trial. He supplied samples to three or four medical men, hoping to get results from them, but not one gave it a trial. He had personally had very few cases of cancer fall to his lot since he returned from the Colonies, where he had very many. In applying the extract he found that the sediment was the most valuable part ; therefore, he always shook the bottle.

Dr. JOHN D. HAYWARD said it was distinctly a feather in the cap of the worthy Hon. Secretary to have arranged this discussion.

The HON. SECRETARY : It was not my doing. It was that of the Council.

Dr. HAYWARD said recent discoveries in medicine were hopeful with regard to the treatment of cancer. The observation of Dr. Hale that he had never seen a case of cancer cured by operation was remarkable. Within a short distance of Dr. Hale's residence they were constantly curing such cases. The records of one of the Liverpool hospitals showed that in three cases out of five there was no return. They had had many cases reported upon for years, and many were his personal friends who had been operated upon twenty or twenty-five years ago without any return. Where they got

the cases fairly early, and especially if Banks' operation was carried out, he thought they might in such cases offer the patient a very hopeful prospect of no return. He believed these results would be improved by modern methods. He doubted the stories of spontaneous cures; but there was a possibility of the medical profession causing "spontaneous cures" on their own account. He spoke of two cases in which operations were performed which he believed were not cancer, but were in process of "spontaneous cure." If the operations had not been performed they would have been spoken of as spontaneous cures, or as cures by sorrel, violet leaves, or something of the kind. What impressed the surgeon most was that the gentlemen who talked of the medical cure of cancer did not mention the cures. Their cases all died cured. It was true that cases appeared to improve for a time where no trouble had been used, but they did not want cases of cancer cured after the manner of that in which a surgeon operated on the battle-field; when told that the man had been dead for half an hour he replied, "Well, he has gone to Heaven with a stump he may be proud of."

Dr. CASH REED, Liverpool, thought the Congress had done exceedingly well to discuss an isolated subject like this. He hoped the suggestion of Dr. Neatby would be carried out that somebody should be held responsible for bringing tabulated information before the meeting next year. He thought they might obtain something very well worth the attention of the next Congress. He should like to ask Dr. Johnstone whether the arsenical solution was applicable to cancer of the cervix. Had they any means of giving information to the women they attended in the out-door department as to the commencing signs of cancer of the uterus? Pain was about the last symptom that the patient experienced; yet she did not go to a medical man until she felt pain. When he raised this point a friend said to him, "If you circulate this, you will do more harm than good, because you will merely frighten people." He let the matter drop, but he never felt quite easy in his mind with regard to it. Many persons who suffered from intermenstrual discharge had no suggestion of malignant disease of uterus.

Dr. ARTHUR ROBERTS, Harrogate, asked those who said

that cancer was never cured by operation what they meant by "cure." If he got a cancerous tumour to disappear entirely he was entitled to call it a cure for the time being, even if it should return in twelve months. In one case where a man had previously undergone an operation he made an ointment of *phytolacca root* and in three weeks the ulcer had perfectly healed. He never knew a case of injury that did not get well under *conium* 3x. He had reduced a tumour from 31½ in. round to 25 in. The patient was apparently in perfect health. He was not cured, because there was a tumour there, but he was immensely improved. He had tried a great many remedies for cancer, and never had such good results as when he tried strictly homœopathic remedies.

Dr. GEORGE BURFORD said Dr. Burwood had given them very much to think about. He agreed that worry was a cause of cancer, and when he was confronted with a case of cancer usually he asked what mental worry had been passed through. Dr. Hayle had said that he had not seen a single case of cancer cured; he did not say there was not one. There was a case in this hospital which was supposed to be one of inflammatory growth in the groin. At the operation a piece was taken out for diagnosis, and was given to an eminent pathologist, who, without having been informed of any details of the case, said it was an undoubted rapidly growing sarcoma. He (Dr. Burford) was afraid that the patient had not six months to live, but he put the patient on *cacodylate of soda* for three years. She increased two stones in weight during these years, and so far recovered that the only suggestion of her former trouble that remained was the scar made by the knife. He believed the patient was still alive and well. There were some cases of malignant disease which it was provable had been cured by remedial measures. Dr. Hayward spoke as a brilliant and successful surgeon, but like all specialists he was apt to see his patients in the eyes of his specialism. He gathered that the majority of surgeons looked upon operations as merely palliative, but considered that in performing them they had done their best. Had there not been surgeons' failures they should not have had to meet that day to consider the cure of cancer by therapeutic means. In considering this subject they had to include cases which

the surgeon got too late. He thought the future would show that the problems of cancer were physicians', not surgeons', problems. Surgery had only met with very moderate successes. The facts which had been placed before them, taken *pari passu* with the facts and information accumulated outside, tended to show that ultimately and somewhere or other there was some therapeutic measure possible for the cure of cases of cancer. If they were not buoyed up by this belief all the great Imperial funds would die. Dr. Hayle spoke of bad diagnosis. Enough trouble was not taken in perfecting diagnosis before anything was done. With regard to Dr. Hayward's cases, it should be remembered that a great many resorted to other surgeons, while the surgeons who first operated were labouring under the delusion that they were cured. Such cases of recurrence came before him, frequently. If Dr. Hayward knew of these cases he might revise his opinion as to the radical cure of cancer by operation. Dr. Cash Reed said it might be advisable to sweep away the cervix where there were conditions which might prove favourable to malignant development. That remedy might bring more patients than he had calculated upon. The majority of patients they were obliged to treat for cancer did not keep under treatment long enough. They required three years' treatment instead of the two or three months which they often received, and from such prolonged treatment he had had excellent results. The papers which had been read to the Congress were beyond praise. It was with the greatest possible pleasure that he had listened to the actual facts of the case as given in Dr. Neatby's paper, and he had been greatly interested in the paper of Dr. Johnstone, one of the most balanced minds among them; but the most important of them was that of Dr. Burwood. It was of no use getting their methods of diagnosis perfect, if they could not turn the diagnosis to account and cure their patients. Dr. Burwood's paper was full of suggestions, with all of which he did not fully agree. Somehow or other he had not been able to repeat Dr. Burwood's results, but he was able to pick out one remedy, the concentrated preparation of *arsenic*, which had produced results surprising to himself. He found he could not give the preparation to every patient. He could not give it in

cases which were rapidly growing, but if it was a comparatively slow-growing case, he was able to treat it in that way. There were in ordinary cases two things to be considered, viz., the removal of the cancerous growth and the prevention of recurrence. The surgeon must first get rid of the burglar in the house. That was the moment for the therapist, and the surgeon was criminal who did not hand the case over to the physician so soon as he had extirpated the neoplasm. The man was a poor therapist if he could not keep the patient in comparative health and strength for a considerable time. In conclusion, the speaker mentioned that he was preparing a statement of experiences and cases.

Dr. McCULLOCH detailed the experience which he had gathered from particular work at cancer since last year, when he was led to work in this direction by study of the lymphatic system. In that study he was much enlightened by a volume which had been translated into French by three men who worked very hard on the lymphatic system. He hoped to have something further to say to the Congress on another occasion with regard to the question.

Dr. BYRES MOIR said many cases could be adduced to show that drugs did act. They could from this hospital show some very remarkable results of treatment by *arsenic* and *hydrastis*. The surgeons did not see such good results as the physicians saw. He should like to point out that in this discussion they were going over too much ground without considering the ages of patients, which had to be taken into account.

Dr. MIDGLEY CASH, Torquay, expressed his sense of the value of the three papers. He was particularly interested in the last of the three, which his experience confirmed. He was interested in the subject of irritation as a cause of cancer. Formerly in the Edinburgh Royal Infirmary, when he was resident physician there, in the wards of the late Sir Thos. Grainger Stewart, they had a great many cases of gastric cancer. In most of these cases the men had been hard drinkers, and the alcoholic gastritis had reached the development of malignant growth. The long-continued irritation of neat spirit would seem at last to have acted as an exciting cause. He had a case recently of a woman



about 40, with tumour of the breast, which was skilfully removed by Mr. Knox Shaw, of the Homœopathic Hospital. She was carefully put upon a course of medicine to prevent a recurrence, as a previous speaker had said. Unfortunately, a recurrence took place in about ten months. The woman lived for two years. She was very much relieved by the remedies used. In one case, where an operation was refused, he put the patient under homœopathic treatment for eighteen months and the tumour disappeared. Whether it was cancer or not he could not say, but the remedies were homœopathic. He was looking forward to the opportunity of reading the papers at home, and was sure they would be found of great value.

Dr. WYNNE THOMAS, Bromley, Kent, confirmed the view that cancer was very often due to worry. Two cases, patients of his, who lost their wives, died from cancer of the liver within eighteen months. He should like to show Dr. Hayle a woman who came to him thirteen years ago with a lump in the breast which he advised her to have removed. He took the tumour away, the Clinical Research Association reported it to be of a very malignant type of carcinoma, and the woman had had no trouble since. He thought he might consider that a case of cured cancer.

Dr. HAYLE said he meant that he had never seen a case of cured cancer; but he had seen cases where the patient lived seventeen or eighteen years after the operation.

Dr. NEATBY said it was gratifying to homœopaths to know that views now being taken by the profession were emphasised by members of this Society long years ago. Dr. Hayle repeatedly said there was "something behind." That was what they had been insisting upon. It was this elusive "something behind" they had been trying to find. It was almost a pity that the question should still be discussed as to whether cancer was local or constitutional. It was both. That was what the teaching of to-day meant. The disease resulted from attack on the one hand and resistance on the other.

Dr. BURWOOD thanked the members of the Congress for the favourable way they had received his paper. He had no doubt, as homœopaths, their experience was as satisfactory

as his own. He had only touched the fringe of the subject. His point was that as homœopathic physicians we could do more with our medicines in alleviating pain, and that without morphia and other narcotics. Much had been gained by the resistance they were able to put into the patient by means of good food, favourable hygienic conditions, fresh air, and change of scene. Raw milk, maltine and cod liver oil were most useful. All his patients had been treated on homœopathic lines. He would like to know more about the *cacodylate of soda* treatment of which Dr. Burford had said so much.

Dr. NEATBY moved the appointment of a commission to collect information and conduct research.

Dr. GOLDSBROUGH seconded the motion, which was carried unanimously.

The PRESIDENT said he thought they did well to follow, in this matter, the example of a large Association. The research which homœopathists had conducted in Liverpool and elsewhere had placed them at least abreast of the majority.

The Commission was constituted as follows, viz. : Drs. Murray Moore, Blackley, Knox Shaw, Burford, Burwood, Johnstone, Watkins, Ham, Hervey Bodman, Eadie, Jas. Hawkes, and Neatby, with power to add to their number.

#### THE 1909 CONGRESS.

The HON. SECRETARY said the Council were unanimous in recommending London as the place of meeting for next year.

The recommendation was adopted, and it was left to arrange with the British Homœopathic Society for a day in June or the beginning of July.

#### ELECTION OF OFFICERS.

The HON. SECRETARY said all present knew that they had lost their Hon. Treasurer, Dr. E. M. Madden, who had filled the office for thirty years. His death was a very great loss, because he made, so far as the Congress was concerned, a most excellent Treasurer, and as a member of the Council he was very valuable in the way of attending very regularly, and giving always the soundest advice. Since Dr.' Madden's death,

Dr. Burford had acted as temporary Treasurer, and he now moved that he be formally appointed.

The motion was carried unanimously.

Dr. BURFORD, in thanking the Congress for his election, said it was a matter of great regret to him that there should be any necessity for the appointment of a new Treasurer. Dr. Madden's death had created a void in their midst which would never probably be filled.

Dr. T. W. Burwood was elected President for 1909, and Dr. Cash Reed, of Liverpool, Vice-President.

The PRESIDENT moved that Dr. Dyce Brown, upon whom, he remarked, they relied so much, be re-elected Hon. Secretary.

The motion having been carried unanimously, Dr. Dyce Brown expressed his thanks, adding that he would try to do his very best for the Congress.

On the motion of Dr. BURFORD, seconded by Dr. NEATBY, Mr. C. Knox Shaw was elected local Hon. Secretary.

The following gentlemen were elected to the Council in addition to those acting *ex-officio*, viz.: Drs. G. Goldsbrough, J. Galley Blackley, E. A. Neatby, and J. Johnstone.

The PRESIDENT said the Council hoped to arrange for papers for the next Congress.

#### THE LATE DRS. MADDEN AND POPE.

The HON. SECRETARY moved that the Congress pass a vote of sympathy and condolence with Mrs. Madden in the great loss which she had sustained in the death of her husband, and that he should be requested to write to her in suitable terms.

Dr. BURWOOD seconded the motion, which was carried.

The HON. SECRETARY said the Congress had sustained another great loss in the death of Dr. Pope, who had been well known for many years as a leading homœopathist. He was a man whom everybody liked, and one of the most regular attendants at the Congress. Dr. Pope was taken suddenly by cerebral hæmorrhage. He moved a vote of condolence with Mrs. Pope in her loss, and that he should be instructed to write to her.

Dr. STORRAR, Ramsgate, seconded the motion, which was carried.

The PRESIDENT said that if Dr. Pope had passed away in or near London, a great many would have paid him the last tribute of respect. Dr. Storrar followed him to the grave.

The proceedings of the Congress closed with a vote of thanks to the Board of Management of the Hospital for placing a room at the disposal of the Congress, and for entertaining the members to afternoon tea.

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### Hospital and Provincial News.

\*.\* The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this division, we would point out that this section is reserved for:—

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

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### MANCHESTER HOMŒOPATHIC INSTITUTION AND DISPENSARY.

THE total number of patients during the year was 2,333, an increase of 235 over the year 1906, being the largest number treated at the Institution in any year since it was opened.

The total attendance was 14,670, being an increase of 1,302 over the year 1906. There were 1,600 visits paid to patients at their own homes, being rather more than in the previous year—200 patients remaining on the books at the end of the year.

The Treasurer is again able to present a most satisfactory balance sheet. He begs to acknowledge, with many thanks, a handsome donation of £1,000 from the Trustees of the late Mrs. Rylands, and another of £200 from the Trustees of the late Miss Isabella Anne Hayley. The patients' subscriptions were the highest they have reached in any year, amounting to £243 16s. There is a slight falling off in the general subscriptions.

## PHILLIPS MEMORIAL HOSPITAL.

## ANNUAL MEETING.

THE Annual Meeting of the above Hospital was held in the grounds of the institution on the afternoon of June 23; Sir George W. Truscott, the President, in the chair. He congratulated the subscribers on the success of the work of the Hospital during the year, on the opening of the children's ward, and the completion of the alterations, namely, the extra bedroom for nurses and enlargement of the out-patient rooms. He referred to the great misfortune that the institution had sustained in losing, through death, the services of its Senior Medical Officer, the late Dr. E. M. Madden, through whose energy the Hospital was first started and continued to thrive up to the present time.

He again referred to the unsatisfactory fact that the list of subscribers did not grow as it should, and urged those present to try and persuade others interested in the Hospital to become annual subscribers.

The Mayor of Bromley said he was glad to be present; he knew what good the Hospital did in the district, he had watched its growth from the beginning, and deplored the loss of Dr. Madden to the neighbourhood; his death was felt on all sides.

The usual vote of thanks was passed for past services, and officers re-elected for the ensuing year. Mr. Churchill responded for the Committee, and Dr. Wynne Thomas for the medical officers, Miss A. Tapp for the Ladies' Committee, and Miss Simpson for the Ladies' Guild.

It was unanimously agreed that a fund should be raised to endow a bed in the Hospital to be called the Edward Monson Madden Bed, and a tablet erected in the Hospital commemorating his services to the institution.

At the termination of the meeting Sir George and Lady Truscott kindly entertained the company to tea.

## THE LADIES' GUILD.

As a result of the sale arranged by the Ladies' Guild, and held by kind permission of Mrs. Howard Williams at Oatlands, Bromley, entitled "My Ladies' Home," the sum of £428 10s. 2d. was realized.

H. W. T.

## Correspondence.

## A CORRECTION.

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

GENTLEMEN,—As no proof was sent to me of my remarks at our Congress Dinner before the Congress number of the Review was printed, some inaccuracies, probably caused by my rapid utterance, appear in the report of my reply to the toast of "The President," which I ask your permission to correct.

I did not say that "my father, in the course of a large and successful practice never made a note of a case." What I said was "my father, in his very large and successful practice often made no notes of his most successful cures"—being, in fact, too fatigued at the end of his long day's work to do so. Frequently I begged him to give me clinical notes and particulars, that I might send them to the *Review* or *The World*. But nearly every session of the Liverpool Homœopathic Society was enriched by a practical pithy paper on some disease, illustrated by recent cases, contributed by Dr. John Moore. And the younger of our Liverpool colleagues remember with gratitude his ready and effective response, however busy, to requests for consultation, *often* without fee. He had indeed, to the full, what Drysdale used to call, "The Medical Spirit."

O si sic omnes medici !

Thanking you all for the large space granted to my Address, and the accuracy of the entire report of this successful Congress.

I remain,

Leamington Spa,  
August 8, 1908.

Yours truly,  
J. MURRAY MOORE.

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*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

SIRS,—A pamphlet entitled "A Scheme for the Advancement of Homœopathy in this Country" has just been sent to me. I consider it a most undignified laxity which allows such writings to be circulated. There is, of course, a good

deal of truth in this paper, but also a good deal of contradiction which makes it absurd, and of misrepresentation which makes it uncandid. The plea will be that writing of this stamp is necessary for the purpose of getting money for the cause. The answer is not, that if the cause needs such advocacy it is a poor cause; for there is no evidence that such advocacy is needed, and plenty of good causes languish for want of support from an undiscerning public. The answer is, that truth on the subject of treatment of disease will prevail, and it is always best to hasten its coming, not to obscure it for any ephemeral object. Personally, I shall refuse to subscribe to any scheme which is forwarded by what I consider to be dishonourable propaganda. It is true enough that homœopathic methods are scouted by the old school; it is also true that old-school methods are scouted by homœopaths. The ignorance on the one side is paralleled by the ignorance on the other; the scorn equally so; the resort, open and secret, to the other side, without acknowledgment, is as painfully evident with us as with our opponents. Is an open gibe better than a contemptuous silence? It is time we understood that we cannot fairly bewail the unjust infliction upon ourselves of a policy which we inflict upon others with the same injustice, and as good a will."

102, *Queen's Road*,  
*Liverpool*,

*August 13, 1908.*

I am, Sirs, yours faithfully,  
EDMUND HUGHES.

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### Obituary.

#### DR. FRANK KRAFT.

IT is with deep regret that we record the death of Dr. Frank Kraft, Editor of *The American Physician*.

For two and a half years Dr. Kraft has been paraplegic, the result of a fall on the ice. This has necessitated "catheter life," and we believe the immediate cause of death was an uræmic condition the result of this—in short, "surgical kidney." He was Secretary of the American Institute of Homœopathy, a post he has held since the Congress at Atlantic City. He went to the meeting at Jamestown Exposition last year, and to the Kansas City meeting this year, in

spite of his crippled condition. After his trip to Kansas City in June, he went to his brother's home to rest a while and it was there that the end came after three weeks of suffering.

All in homœopathic circles will miss him. He was a tower of strength in our cause, and his loss will be keenly felt on both sides of the Atlantic.

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### Therapeutic Digest.

INOPERABLE SARCOMATA SUCCESSFULLY TREATED BY A MIXTURE OF THE TOXINS OF STREPTOCOCCUS AND BACILLUS PRODIGIOSUS.—In 1901 Dr. William Coley, Surgeon of the General Memorial Hospital, New York, commenced to treat inoperable sarcomata by injections of streptococcus cultures, but he soon perceived that he could not always set up an erysipelas, and that when he had succeeded in doing so the erysipelas was sometimes so grave that the patients died. Nevertheless, repeated injections of these cultures often had an influence in arresting the development of the tumour.

The works of Roger (of Paris) upon the property which cultures of *Bacillus prodigiosus* possess of increasing the virulence of streptococci gave him the idea of trying, in the treatment of inoperable sarcomata, a mixture of the toxins of streptococcus and *B. prodigiosus*, and from his researches he concludes that *B. prodigiosus* possesses by itself a curative action, besides the effect which it has of increasing the virulence of the streptococcus.

These conclusions have recently been verified by Dr. Martha Tracy (*Journal of Medical Research*, No. 2, 1907). Dr. Coley has indeed seen sarcomata in dogs disappear after injections of *B. prodigiosus*, and he has observed these tumours disappear much more rapidly on employing a mixture of the toxins of the two bacilli, the streptococcus and the prodigiosus. He used a bouillon culture of streptococcus, to which he added a powder made from a culture of *B. prodigiosus* which had been pounded in a mortar and diluted with a solution of sea salt; the mixture was made so that each cubic centimetre contained 5 milligrammes of albuminoid substance produced



by the *B. prodigiosus*, and a drop of the mixture contains about 3 milligrammes of *B. prodigiosus*.

It is this mixture that Dr. Coley now uses, and he recommends to commence the injection by employing a very small dose, a quarter of a drop. When the tumour is very vascular it is better to make the injection a certain distance from the tumour, until one is able to estimate the susceptibility of the patient, which varies much in different subjects. After several injections, one can without fear make them directly into the tumour, and then only a fifth of the dose should be given that is used when the injection is made at a distance. After every injection reaction occurs, varying with the patients. It is not uncommon for the temperature to rise to  $40^{\circ}$  or  $41^{\circ}$  C., and it is in those cases that the best results are observed. In two or three days the tumour is seen to diminish in size, to become more movable and less vascular. To obtain this result the dose for the injection is increased by a quarter of a drop when it is made into the tumour, by half a drop when into a point distant from it. Injections are repeated daily, or two or three times a week, according to the condition of the patients.

When the tumour is in an inaccessible situation, as in intra-abdominal sarcomata, excellent results are obtained by injections far away from the tumour.

Dr. Coley has used this treatment in forty-two cases. In most of them a histological examination of the tumour was made, and thereby its usefulness is proved for all kinds of sarcomata, whether round or spindle-celled, whether of mixed variety or chondro-sarcomata. In all cases the result was a disappearance of the tumour and a survival of the patient from three to fourteen years. The same results have been obtained by other surgeons, and the total of successes up till now reaches a hundred.—*L'Art Médical*, May, 1908.

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## Reviews of Books.

*A Scheme for the Advancement of Homœopathy in this Country.*  
By Margaret Tyler, M.D.

*A Syllabus of the Honyman-Gillespie Lectures in Medicine.*  
Issued by the Conjoint Committee of the British Homœopathic Association and London Homœopathic Hospital.

The formative influences moulding the homœopathy of this country are ceaselessly at work, as these publications, issued during the dead season, sufficiently attest.

The "scheme for the advancement of homœopathy" is a tempestuous document. The atmosphere throughout is of high tension: the reader is caught and whirled, with the assistance of sentences in italics and propositions in capital letters, through such an amazing blend of exaggeration and limited outlook and inaccuracy that he fairly loses touch with "things that are," and stares and gasps in astonishment at the dialectic. And after the State has been shown to be thoroughly rotten—"betrayed," as usual—a panacea, not brand-new, but borrowed, is introduced with the pathetic fervour of those who believe that diseased conditions of great causes are resolvable by panacea. Oh, the pity o't!

To condescend, as the Scots say, to particulars. The London Homœopathic Hospital is the largest clinical institution in this country that flies the flag of homœopathy. It has a long and honourable professional career. Names that will live permanently in the history of medicine, like Dudgeon and Hughes, and others living, have been enrolled on its staff. Names that represent life service, during foul weather and fair, to homœopathic therapeutics, and which have maintained the credit and success of this *alma mater*, are enrolled on the staff still. The tradition of thoroughness and devotion is enthusiastically absorbed by the junior *agrégés*. But, with a whisk and a whirl, all this professional solidarity is brushed aside, and a redistribution of control demanded.

"It is out of the pockets of laymen that our magnificent Hospital has been built and equipped."

"But it is laymen who must take care that it is properly manned by TRAINED<sup>1</sup> homœopathic physicians, in order that it shall not more and more drift into the hands of surgery and

<sup>1</sup> The capitals and italics are those of the author.

masked allopathy, as is the present trend, where the staff are not trained, or only self-trained, in homœopathy."

Our condolence with the medical staff. If they have prayed that

"Wad some power the giftie gie us  
To see oorself's as ithers see us!"

they have their desire with a vengeance. But the implications of disloyalty, of incompetence in homœopathy, of deliberately practising the tactics of Mr. Facing-both-ways, we are quite sure can never be made except by a heated vision who "sees red" here.

Still, the appeal to Cæsar has been made, and it is quite possible that this may fall into the hands of those who have no opportunities of verification. The responsibility for printed matter of this kind is serious. Should the Hospital staff have justified this indictment, then they have cajoled the British Homœopathic Society (of which they are all more or less distinguished members), and do not represent the true interest and scientific practice of homœopathy in this country. Phew! let us breathe a sweeter atmosphere.

Now enthusiasm is an interesting, if often an unreliable guide. It is the most charming feature of inexperienced youth, and is not to be damped for every waywardness, nor unsympathetically criticized for every *faux pas*. Experience—that hard taskmaster—and confrontation with the actual fact all too soon bring this winged eagle to the plane of daily life. Thus, when we read that there is an "only system which will enable a man, confronted with a disease unknown to him or with a case of desperate sickness, not yet sufficiently developed to be diagnosed, to treat it with absolute confidence and success," or that "the homœopathic physician knows, . . . from his experience with all diseases, that the most-like drug, promptly administered, will exercise a modifying, even an abortive influence on all acute diseases, shortening their duration, instantly relieving the most urgent symptoms," we recall our early dreams, in the first flush of our own callow youth, since when, with accumulating knowledge attenuating this vision of perfection—

"The man perceives it die away  
And fade into the light of common day."

Nevertheless, it is a pleasing trait of untutored adolescence that active professional life should be started under the glamour of imagination. But when in adult life the intervening years have been as though they had not existed, when experience has not taught and failure has not chastened : then to hold up the hitherto unrealized ideals of the dreamer as the actual rule and practice of daily life is homicidal folly. And if these vagaries are the grounds on which the personal homœopathy and the life-long training of the Hospital staff are challenged, we may logically congratulate our colleagues on their solid judgment and their unwavering holding of the judicious mean.

Worse, however, is to come. The same intransigent spirit which has "seen red" in the internal economy of homœopathy sees black of the blackest hue in the low ideals of the medical profession. Here, the moral currency is perceived as debased ; seen through this medium, the liberal profession of medicine is reduced to pettifogging and huckstering of the tawdriest description.

"HOMŒOPATHY IS A QUESTION FOR THE PUBLIC RATHER THAN FOR MEDICAL MEN: FOR IN THIS MATTER THE INTERESTS OF THE PATIENT AND OF HIS MEDICAL ADVISER ARE NOT IDENTICAL." To make assurance doubly sure, the imputation is amplified :—

"The interests of the patient are not difficult to define. . . . The interests of the medical practitioner are by no means the same. The sick are, after all, his livelihood ; and a protracted case in a paying patient is not altogether to his disadvantage. Far more credit is to be got from pulling a patient through weeks of suffering and critical hoverings between life and death than for aborting the serious threatening of a pneumonia, or whatever it may be, in a dozen hours, and saving the patient altogether from what was going to be a desperate illness. Far more credit for the bad work, and, heavens, what a difference in fees !"

Does this writer know, or not, that the profession of medicine is the only liberal profession that expends its best self in systematically gratuitous forms, of which hospital practice is the most absorbing ?

Again the point is laboured :—

*"It is not to the advantage of the medical profession that good homœopathy should flourish in this country. To begin with, homœopathy is far more difficult and means a great deal more work, if a livelihood is to be obtained, than the practice of orthodox medicine. . . . The constant strain of new cases that cure up as fast as labour has been spent on them, and mean very little money—this may be the joy of the enthusiast, of the healer, but does not appeal to the average man, who through medicine merely earns his bread, while his heart is elsewhere."*

Did this writer ever hear of the Hippocratic oath? Or is this merely raw material for a problem-novel of the lurid kind?

Leaving this diagnosis of the secret springs of action of the profession in general, and reverting to the parlous state of the homœopathic body, the scorn and contempt of the writer are further poured on those living leaders of homœopathy whose shortcomings are thus held up to the opprobrium of mankind :—

*"In a city where the giants of homœopathy are dying out, and the survivors are few and far between, and are arriving perhaps at that mellow stage in life where ambitions fade and creature comforts begin to assert their claim, the temptation is great to hold the fort against new-comers, to discountenance the advent of the young, keen, up-to-date man, burning with energy and zeal, who is reading his drugs hard, and therefore making good prescriptions; lest the standard of work should again be uncomfortably raised, and the public once more learn to require too much of homœopathy."*

If this paragraph has any relation to the case the author desires to make out, it means, in spite of the dexterous substitution of the subjunctive for the indicative mood, that homœopathic physicians "in a city" have throughout adopted the policy of a bad form of American Trust: have, motived by sloth and selfishness, deliberately kept at arm's length the rising generation of successors—"held the fort against new-comers"—and have, purposely and in the sight of all men, dropped what is due to a liberal profession and become of the shop, shoppy.

What are the facts of the case? That in a city where the

"giants of homœopathy" come and go, the total number of homœopathic medical men is greater than ever before; that alike specialists and general practitioners tend to increase in number year by year; that this increment is largely due to personal interest in, and encouragement of, the "young, keen, up-to-date man" by the seniors of the profession, given systematically and without stint; and that personal sacrifices in favour of new-comers have, to this reviewer's knowledge, honourably distinguished the city leaders to an extent which is worthy of the highest traditions of the liberal profession of medicine.

The criticism continues:—

"It is a question whether even among 'homœopathic' doctors all desire equally to see homœopathy rampant in this country. It is a question whether the worst foes of homœopathy are not, in some cases, those of its own household. Some may be indolent; some may think, with short-sighted guile, that it is well that the patients should not be shared amongst too many physicians," and so on.

Comment on such acidulous judgment is useless.

However, the State, as far as regards homœopathy, may still be saved; and the Metropolitan Hospital, as the head and front of the offending, is dealt with first. The compliment is paid to another active body of borrowing certain of its working details *en masse*; but alas! this suffers in the transplantation. The "masked allopathy" in the former institution is to be circumvented by seizing graduates with homœopathic proclivities ere they have been vitiated by residence in a British homœopathic hospital; finding them with scholarships; packing them off to some "garden walled around," where only pure and unsophisticated truth is taught—in this instance it is no nearer than Chicago; saturating their receptivity with lecture and repertory work; and then—not before—they may be safely trusted to officiate as house physicians or house surgeons in British institutions, fortified against "masked allopathy" and able and willing, no doubt, to "wipe the eye" of their visiting seniors as often as opportunity may allow.

Now, with every respect for Professor Kent, it is known in this country that his teaching bulks most largely in the

lecture or book element, while the clinical work, the verifying, demonstrative portion, such as is daily and abundantly given at the London Homœopathic Hospital, takes a very subsidiary place. But this is the exact inverse of sound professional teaching. John Hunter's famous response to certain of his pupils, "Don't ask me—go and see for yourselves," is paralleled by a similar reply of Hahnemann under similar circumstances.

Our faculty of astonishment has been somewhat overworked. But a sufficient moiety remains to make us rub our eyes when we read that the London Homœopathic Hospital, after being chastised, has fallen into line, in that the "Scholarship Committee consists of the House Committee of the London Homœopathic Hospital," with the addition of the author. Do our visiting colleagues really rate the teaching powers of this Hospital, under their conduct, so low that the place is to be avoided, and junior men sent away to learn the rudiments of practical homœopathy? If so, the whips and scorns of the author are fully deserved. But why not, then, resign *en masse*, and let the public know that a real teaching body of clinical physicians was no longer kept out? What does it all mean? It seems to us, as it stands, a hopeless *impasse*.

No, it is not thus that progress is linked to progress; assuredly this is not *sic itur ad astra*. And yet, if Dr. Tyler will see it, here is for her an opportunity of a lifetime. Naught but enthusiasm could have taken this initiative, and given to homœopathy the largess of three scholarships for post-graduate students. And to such enthusiasm we say, now and always, God speed! It is a generous and handsome benefaction and should and will excite the emulation of others. Let us, distinguish the gem from its setting, and for the gem we have unqualified praise. It is regal, and therefore needs a setting that is royal also.

Now all the insubstantial nebulosity which we have earlier criticized has no essential part in this gift. It is a blur alike unnecessary and harmful, and the sooner it is dissipated the sooner the native brilliancy of the *motif* will appear. The true and fit setting for so brilliant an inspiration is tripartite. There should be a true and real SYMPATHY for all fellow-

workers, all tending to the same goal, however diverse their methods, and however much these seem to lack perfection. Will wisdom die with any of us ?

There should be a BREADTH of outlook and an intellectual catholicity which is quick to see and to encourage the true and real in all scientific work, and perseveringly to distil it out. Is not the knowledge of us all finite and imperfect ?

And greatest of all is the close synthesizing bond of UNION, which makes one out of many, welds and shapes persons and things into one on the ground of their unity, and does not hold aloof on the ground of non-essential dissimilarity. United we stand : divided we fall.

This is the new setting we commend to the consideration and adoption of Dr. Margaret Tyler.

For the synopsis of the "Honyman-Gillespie" Lecture Courses, issued by the Conjoint Committee of the British Homœopathic Association and the London Homœopathic Hospital, we have unqualified praise. It represents a successful issue of a scheme which bade fair to be unworkable. It combines in proper proportion the professional or instructive and the clinical or demonstrative counterparts, exactly as in a similar university course. And to this, at home, and representing theoretically and practically all shades of homœopathy, we cordially invite all medical inquirers, with an injunction to prove all things, and, having proven, to hold fast that which is good.

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*A Nursery Manual.* The Care and Feeding of Children in Health and Disease. By Reuel A. Benson, M.D., Lecturer on Diseases of Children, New York Homœopathic Medical College, &c. 184 pages. Philadelphia : Boericke and Tafel, 1908.

The author tells us that this little book is the outgrowth of lectures delivered in the Flower Hospital Training School for Nurses. It consists of three sections : one on the care of infants, a second on feeding, the last on the care of children in illness. Much useful information is given, and very clear directions for various emergencies, as well as for carrying out the proper duties of children's attendants. We are glad to



notice that the therapeutic section is very brief, and concerns only such remedies as may be safely given by nurse or mother in an urgent case, whilst waiting arrival of the doctor. We were startled by reading that in summer diarrhoea *cuprum* should be given, "a teaspoonful after each movement of the bowels," and *arsenicum* in the same way. But referring to the section on remedies, we find that six pellets of the 12x or 6x dilutions are to be dissolved in a glass of cold water and given in teaspoonfuls. These are very safe and proper proportions, and with the other careful directions as to the use of homœopathic remedies should prove a valuable guide in the nursery. The book would also be of value if given to nurses who have not had previous experience of homœopathic methods. It is admirably adapted to make clear much that otherwise seems puzzling and incomprehensible to the allopathically trained mind of the ordinary nurse.

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*Radium as an Internal Remedy, especially exemplified in Cases of Skin-disease and Cancer.* By John H. Clarke, M.D., London: Homœopathic Publishing Company, 12, Warwick Lane, E.C., 1908.

This little book is in substance the paper on Radium delivered by Dr. Clarke before the British Homœopathic Society on March 5, 1908, with the addition of an Introduction and a Schema. It contains practically all that is known of radium as an internal remedy.

Seven provings are given, nearly all with *radium bromide* 30, and seventeen cases in which the same drug was used with benefit or cure.

Anyone wishing to employ this new weapon against disease should first make himself acquainted with the contents of this little book, which will show him the kind of case in which success is likely to be obtained by its use and will afford suggestions for further experiment.

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## Notices, Reports, &c.

### BRITISH HOMŒOPATHIC ASSOCIATION—LADIES' BRANCH.

#### TRAVELLING SCHOLARSHIP, 1908.

THE next Nomination as Travelling Scholar will be made about Mid-September, and the place of study will be, as in former instances, one or other of the chief Continental Clinics. The value of the Scholarship is £75.

The successful Candidate will be expected to devote himself mainly to the practical study of Diseases of Women and of Children.

Further information may be obtained from the Secretary of the British Homœopathic Association, Chalmers House, 43, Russell Square, London, W.C.

Applications should be sent in not later than August 31, as above, or to Mrs. Henry Wood, Hon. Secretary of the Ladies' Branch, 32, Clanricarde Gardens, London, W.

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#### B.H.S. GOLF.

IN the second round of the Tournament for the Dudgeon Cup, W. C. Pritchard beat Byres Moir, Wynne Thomas beat E. F. Cronin, B. Nankivell beat W. T. Ord, H. Mason beat E. Capper. The winners to play in the semi-final before the end of July.

The semi-final round for the possession of the Dudgeon Cup proved most interesting. W. C. Pritchard journeyed up to Bromley and played H. Wynne Thomas (the holder) at Sundridge Park, and after an exciting match won on the last green.

H. Mason, from Leicester, met B. Nankivell from Bournemouth at Sundridge Park, and this match also was only settled on the 18th green in favour of Mason, who was the runner up last year.

H. W. T.

## BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS and Donations received from April 1 until  
August 14, 1908.

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## LONDON HOMŒOPATHIC HOSPITAL.

THE EARL CAWDOR, Treasurer of the London Homœopathic Hospital, has received £1,000 from the estate of the late Mrs. George Fielder, to endow a bed in the new extension.

The Treasurer has also received a cheque for £2,000, being a legacy bequeathed to the Hospital by the late Mr. Caleb Ashworth Tate.

His Lordship has likewise received a cheque for £1,000, being a further payment on account of their share of the residue of the estate of the late Mrs. Elizabeth Mason, of St. Leonard's-on-Sea.

## THE LATE DR. E. M. MADDEN.

AT the Annual General Meeting of the Phillips Memorial Homœopathic Hospital held on June 23 last, it was unanimously resolved:—

“That a Memorial be raised to the late Dr. Madden and

his work connected with this Hospital, and that steps be taken to inaugurate a fund for that purpose."

A Committee, with power to add to their number, was appointed to give effect to this resolution, and at their first meeting they unanimously decided that the best way of perpetuating the memory of Dr. Madden would be by endowing a bed in the Hospital—to be named the "Edward Monson Madden" bed—thus ensuring that his name should be permanently linked with the Institution he had so large a share in organizing and carrying on.

It was also agreed that a tablet commemorating his services should be placed in some prominent position in the building.

To give effect to these projects a fund of a little over £1,000 will be necessary.

The Committee feel that this form of Memorial, which will extend the usefulness of the Hospital in which Dr. Madden took so great an interest, would be more in accordance with his wishes than any other, and it has the cordial approval of Mrs. Madden and her family. They hope, therefore, that it will also commend itself to all those who were acquainted with Dr. Madden and his work, and to whom he was, in nearly all cases, a personal friend.

The Committee hope to be able to close the list of donations at an early date, and contributions, large or small, addressed to the Hon. Treasurer of the Fund will be gladly acknowledged, or they may be paid direct to the account of the "Dr. Madden Memorial Fund" at the London and County Bank, Bromley Branch.

(Signed on behalf of the Committee),

G. WYATT TRUSCOTT, President.

JOHN CHURCHILL, Hon. Treasurer.

Fircroft, Shortlands, Kent.

JOHN M. WYBORN, Hon. Secretary.

Shoulden, Farnaby Road, Bromley, Kent.

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#### BURNETT FUND.

RECEIVED during the month of August : from Mrs. Pole, £2 2s. ; Mrs. Clarke, £2 ; "E. G. P." 5s.

## A SANATORIUM FOR CONSUMPTIVE CHILDREN.

At Holt, in Norfolk, a small children's sanatorium exists among the pinewoods close to the sea, where we are able to shelter some fifteen consumptive children; and, with good food, pure air, and careful nursing, these, taken in the earlier stages of their complaint, are given every chance of recovery. The accommodation is fully occupied.

We earnestly ask for help to bring the merry laughter of boyhood, and the dancing gladness of girlhood, back to poor little sufferers who are listlessly lingering in the overcrowded garrets or gloomy basements of London's poor. We ask for help not for the sake of the patients only, but also for the sake of their brothers and sisters who are compelled to live in constant danger of infection from them.

This is but a small effort, but, may we not hope, the beginning of a great and successful result for the happiness of childhood and the welfare of the nation? It is but pioneer work; little is done for the consumptive child in this country. How it may best reach every affected child has to be shown; but little by little and one by one, we may move towards the goal.

With an income of £550, together with the contributions of parents, &c., we can maintain fifteen children at a time. Our donations and subscriptions in 1907 only reached £363. We are in temporary premises; we want some £6,000 to put us on our way in a larger building for some thirty or forty cases on our own site. Here is an opportunity by which the memory of one who has passed beyond the sufferings of this world could be fittingly perpetuated.

Donations and Subscriptions may be paid to "The Children's Sanatorium Account," at Messrs. Hoare's Bank, 37, Fleet Street, or be sent to the Hon. Secretary, T. H. Wyatt, Esq., M.V.O., 68, Denison House, Vauxhall Bridge Road, S.W., by whom all particulars will be gladly supplied.

We are,

Faithfully yours,

CAWDOR.

EDITH J. DURNING-LAWRENCE.

BASIL WILBERFORCE, *Archdeacon*.

HERBERT SAMUEL, M.P.

ALFRED HOARE, *Treasurer*.

EDWIN C. BEDFORD, *Chairman*.

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Communications received from Dr. BURFORD (London), Dr. WYNNE THOMAS, Dr. J. MURRAY MOORE (Leamington Spa), Dr. EDMUND HUGHES (Liverpool), Dr. DYCE BROWN (London), Dr. WM. F. HAYES, (Leeds), Dr. J. H. CLARKE (London), Dr. GALLEY BLACKLEY (London), Dr. E. CRONIN LOWE (Southport), Dr. PULLAR, Dr. BERRIDGE (London).

## BOOKS AND PERIODICALS RECEIVED.

*St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate.*

# THE BRITISH HOMOEOPATHIC REVIEW.

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OCTOBER, 1908.

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## Editorial Notes and News.

\*.\* The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

**High Altitudes.** MOUNTAIN resorts have steadily gained in favour during the last thirty or forty years, for the treatment of various morbid states, especially early cases of tuberculosis in the young, and in persons of fairly vigorous constitution. It is useless to send people advanced in years or those of feeble circulation, for in these cases the organism will fail to adapt itself to its new environment, and disaster alone can result, as the various organs are not sufficiently vigorous to respond to the call made on them to do more work. At the same time it is an undoubted fact that phthisis is comparatively rare at high altitudes, and so is rheumatic fever. Other morbid states likely to be benefited by high altitudes are anæmia, debility following fevers, septic or otherwise, pleural thickening, deficient expansion of the lungs, bronchial asthma and neurasthenia.

\* \* \* \*

THE first and most important point to **Meteorological** notice is that the barometric pressure falls **Characteristics.** as we ascend. For example, at an altitude of 6,000 ft. the average height of the barometric column is about 612 mm. instead of 760 mm., i.e., a difference of something like 6 in. This lowered pressure means, among other things, a lower tension of oxygen in direct proportion. In addition to this there is a fall in



temperature, and hence it is that in tropical countries the hills have always offered a place of refuge from the heat of the plains. Another fact of some importance is that the watery vapour is collected chiefly in the lower layers of the atmosphere, leaving the upper layers comparatively dry. Owing to this fact the heat, light, and chemical rays of the sun pass more freely at high altitudes. Lastly, snow, especially freshly fallen snow, appears to be radio-active.

\* \* \* \*

**Physiological and Therapeutic Action.** FIRST of all, the circulation and the respiration are quickened. The usually accepted explanation is that the more rapid action of the heart and lungs is an effort on the part of the organism to compensate for the diminished supply of oxygen. But surely the altered pressure relations must have something to do with the rapid action of the heart at any rate. Another curious result is that the number of the red blood corpuscles increases more or less regularly with the altitude. No increase of the white cells has been observed. One might expect that tissue metabolism would be lessened because of the lessened supply of oxygen. This, however, is not the case, for as a matter of fact there is actually an increased rate of metabolism, at least of fats and of carbohydrates.

\* \* \* \*

**"Consumption" and Blood-pressure.** It appears that a high blood-pressure is unfavourable to the growth of the tubercle bacillus. For example, a constitutional predisposition to rheumatism and gout protects from the bacilli of tubercle. The so-called "gouty poison," therefore, is a general vaso-constrictor, just as the tubercular poison is a general vaso-dilator. Indeed, vaso-dilatation with a persistently low blood-pressure is one of the earliest signs of tubercle, and may be present long before there are any physical signs in the lungs or anywhere else. Its presence should put us on our guard, especially where there is a marked hereditary predisposition. It is rare to find tubercular disease of the lungs along with mitral stenosis, and here again the blood (arterial) pressure is high, because the venous pressure is high. How does a high altitude affect the

blood-pressure? One would naturally think that it would lower it, but so far as I am aware there are no definite observations on this subject with modern blood-pressure instruments.

\* \* \* \*

**Successful Men.** MR. T. CLAYE SHAW delivered an interesting address on June 30, 1908, at the Medical Graduates' College and Polyclinic on the Psychology of Success. It makes entertaining reading and is not wanting in cynicism. Amongst other things he says that "one finds on circumspection that most very successful men have been those who have known how to delegate to others much of what had to be done—of being able, as it is said, 'to make others work for them.' I admire such men; such a power denotes the absence of jealousy, and the possession of the intelligence to see that whilst it is really easier to fill up one's time by work which has become a second nature, it is positively bad in principle because the time is wasted which might more profitably be employed for new developments. I know some men who are voted by their fellows to be hard taskmasters because they place on the shoulders of their subordinates much of the work which is their own function; but I admire those men who can load others with their own burdens, because I see how they are laying down the foundations of future successes by employing these docile donkey-engines."

\* \* \* \*

**Qualities useful for Success.** THIS is fairly strong doctrine, but he goes on to say: "We note that some of the most important parts of the mental contact that makes for success are cruelty, sacrifice of others, and deceit. Well, what of that? The drama of life involves all these. If contentment is the equivalent of success, *i.e.*, being self-satisfied with the attainment of one's object, whatever that object may be, it means that obstacles must be ruthlessly overthrown, opposing feelings and sensibilities trampled on if they stand in the way; hence successful men are strong men. . . . We all profess to admire virtue, charity, courtesy towards others; but often as not virtue means incapacity. The loud preacher who extols temperance

and chastity probably has no temptation the other way; the man who invokes has very often his own axe to grind, whilst courtesy is an alias for the external gilding of a very bitter pill. . . . The man who courts success cannot afford to tread the path with those who are safe in their mediocrity—to do so is to be one of them; he must use them as a stepping-stone, which implies that he must put them off the scent of his aspirations, must keep them blindly following their noses, and even encourage them to persevere toward what he sees is their goal, lest by chance he should arouse their jealousy and find them pulling him back into their ranks."

\* \* \* \*

**Advertise!** WE think there must have been many  
**Advertise!** amongst Mr. T. Claye Shaw's audience who  
 would consider that no conceivable success  
 is worth paying this tremendous price for.

He proceeds to mention one more desideratum for anyone aspiring to success in medical practice. "Whatever knowledge a man may possess, he must be able to make it available if it is to be a recognized success. The public must know where to find what they want, and this can only be done by, speaking frankly, advertising. There are scores of men in our profession who are to all intents and purposes equally qualified to succeed, but the majority of whom lack something to make the public seek them out and employ them, and that something is usually that they are not known. How can the recognition of merit be expected unless it is known to exist and the public be made to believe it? So, practically, the arbiter of success is the public; therefore the only way to get at the public is to advertise. But this has to be done carefully, and the legitimate paths for it are few and very jealously guarded. Perhaps there is more laxity in considering the bounds of legitimate advertising than was permitted some time ago (not very long) when greater stringency prevailed. And much is to be said for the propriety of taking the public into professional confidence. The public which supports the hospitals and other medical charities has probably a right to know the truth about what is openly published, and though it may be said that it can always get the truth by

applying to authorized medical authority, it should yet be remembered that the public cannot always do this, and therefore we must not pass hasty judgment on those who, in the interests of truth and (admittedly) of personal prominence, undertake to instruct the public in the lay press and to correct their errors." With this sort of ethics openly recommended to graduates at the Polyclinic, the General Medical Council is likely to have its hands full. The permeation of these sentiments through the orthodox school easily accounts for its attitude towards homœopathy. The question with them is not, "Is homœopathy worth enquiring into? Should we in fairness acknowledge it?" but, "Will it conduce to our success in practice to acknowledge it?" The answer being "No," they consequently say "Away with it; we cannot allow this thing to impede our chances. What are truth and fairness to us when our goal is SUCCESS?"

\* \* \* \*

FROM the Journal of the American Medical Association of July 18, we learn that suicide is rapidly increasing in the United States, for whereas in 1881 the

suicide rate was 12 per million of the population, it had risen last year to 126 per million. The observation of European physicians that most suicides occur in the summer months and fewest in the winter, the maximum number being in June and the minimum in November, is confirmed by Dr. Dixter, who ascertained what the weather conditions had been in New York on the days on which 2,000 suicides had taken place in that city. He found that the tendency to suicide was "most marked on the clearest, sunniest, and pleasantest days of the summer months. The clear days show the greatest number of suicides, and the wet, partly cloudy days, the least; and with differences too great to be attributed to accident or chance." Evidently a wet, dark, gloomy day is more soothing to a person whose mind is in a depressed and gloomy condition than a bright sunshiny day. There is a homœopathic relationship between the patient's mind and his environment which has a curative, or at least a palliative, effect. Doubtless our law of cure holds good beyond the region of drug administration, and the facts above mentioned concerning suicide

may afford us a useful suggestion as to the proper attitude to adopt when treating mentally depressed patients. Perhaps a little sympathetic dolefulness on our part would do them more good than the aggressively cheerful manner we often think it right to assume.

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### OUR EDUCATIONAL NUMBER.

IN presenting our Educational Number a few words of introduction may not be out of place, especially in the light of a recent ill-advised *brochure*. I believe the literal meaning of the word *brochure* is "a small book, stitched." Now this pamphlet is all that, and something more. We have no fault to find with the "small book, stitched"; it is the "something more" to which we object. Somewhere in the past we have heard a proverb to the effect that "It is a poor crow that fouls its own nest"—except by way of "mistake," we presume.

It is probably true that all the great teachers in the past have had to face curious, in the sense of merely *inquisitive*, questions, propounded to them, sometimes even by the inner circle of their own disciples. This was certainly true of the greatest of all teachers. One is forced to conclude, too, that these same curious questions were sometimes asked just for the sake of something to say, and to prevent reference being made to very evident duties. But the Master was wise, and brushed all merely inquisitive questions aside and laid His finger at once on the "evident duty." "Are there few that be saved?" was one question: to-day it might have been, "Are there many genuine Homœopathic Practitioners?" The answer was swift and sure and to the point, practical in the highest sense, and all empty and profitless theorizings were brushed aside. "That is none of *your* business; strive *ye* to enter in at the strait gate; make sure that *you* are one."

Another "curious question": "What shall this man do?" says the impulsive Peter: to-day it might have been, "Are the motives of this man honest and pure?" The answer again touched the spot. "Never mind that; that has got nothing to do with you. Follow thou Me." Are we so very different to-day? I think not. Curious questions pro-

pounded, motives criticized and painted in the darkest colours, while evident duties are neglected. True, the thought sometimes springs up unbidden, and we are tempted at times to forbid this or that man, because he followeth not us. When, perchance, we hear of the success of a professional brother or sister, we are apt to impute, in thought, if not in words, unprofessional methods, &c., to account for that success. But such thoughts coming unbidden, and such thoughts welcomed and nursed, are two very different things. We cannot prevent the crows from flying over our heads, but we *can* prevent them from building in our hair. Besides, the *tu quoque* argument may be turned against ourselves some day. No! leave all curious questions as to motives, honesty of purpose, &c., and let us come face to face with our very evident duties. Are we to believe with Thomas Hobbes, the "philosopher of Malmesbury," of "Leviathan" fame, that *homo homini lupus*, man is to man a wolf (did he mean a *silver* wolf?), that every man is a wolf to his neighbour—or is it only between doctor and patient that this holds good? No, no! there are others besides the *brochure* author, who are honest and true-hearted even in this degenerate age; men who have not bowed the knee to Baal, nor worshipped the Golden Calf!

It is human to think and to say that if such and such conditions were different, or if we had such and such opportunities, we could do so and so. In other words, we blame our environment for our own incapacity. The virile organism makes its own environment, and furnishes its own opportunities. A faithful use of the opportunities of to-day, however lowly they may be, is the best preparation for those of to-morrow. Perhaps the life of Carl Wilhelm Scheele illustrates this better than any other. An obscure apothecary, living a solitary sedentary life in a small town on the shore of a Scandinavian lake, hampered by poverty and harassed by debt, hypochondriacal, and at times the victim of the most depressing melancholy, he yet succeeded by the sheer force of his genius in changing the entire aspect of the science of chemistry. To give one instance: In 1768 he removed to Stockholm, where he superintended the shop of an apothecary named Scharenberg. Here his opportunities for experimenting

were few. However, a window with a sunny aspect close to the place of his work enabled him to make the novel and important observation that different parts of the solar spectrum influence the decomposition of silver chloride in very different degrees. Has each of us not something corresponding to the sunny window, a prism, and a piece of paper coated with silver chloride? Galileo, too, with his wretched home-made telescope, did more for astronomical science and made more epoch-making discoveries than have been made ever since.

At the present crisis it behoves each one to be up and doing. We have come to the parting of the ways. Before us, to adopt a phrase of Ray Lankester's, we have the possibilities of Balance, Elaboration, or Degeneration. Are we to *continue* the policy of Balance—a life of bare subsistence—a policy which in our opinion has been adopted far too long by the homœopathic body, and the result has been not Balance even, but Degeneration all along the line? Are we to continue this precarious existence along what *looks* like a level path, but is really a descent? It is a truly difficult life. It lies on the verge of continual temptation, and without the power to resist the evil or choose the good. Such a life is impossible to maintain for long. It is too monotonous and uninspiring, with its perpetual adjustments to allopathic ideas, its neatly measured virtue, in constant fear of allopathic reproaches. Not a step can be taken without asking: What will the allopaths think of this? Such a life is not worth living, and in any case inevitably tends to degeneration and death. This policy has been pursued long enough; we have failed to develop ourselves, failed even to keep what we had, and the result has been descent to a degraded form of life. But let the dead past bury its own dead. We have the present, the everlasting Now. From henceforth let us pursue a life of ever upward growth—a life of "Elaboration."

"But what are we to do?" is the impatient exclamation heard on every side. Do? The first thing to do is to gird ourselves for actual doing. To realize that we either *must* do, or, as the Irish say, "come out of that"; or, as our American friends would still more appropriately say, "get fired."

"It is impossible," says one. This same word "impossible"

is not a lucky one, and no good ever comes of those or to those who have it often in their mouths. "There is a lion in the way," says another. It must be slain then, for the way has got to be travelled. We cannot continue from henceforth in a region of unheroic and perennial commonplace. Many things in the history of the world have been demonstrated to be manifestly impossible, and yet they have been accomplished. "*Impossible!*" cried Mirabeau to his secretary. "*Ne me dites jamais ce bête de mot*": never name to me that blockhead of a word.

Glowing coals of fire, when scattered, soon all become dead and black. This has far too long been the condition of the homœopathic body. But it must be so no longer. All our potential educational agencies in this country must be linked up, must toe the line, for mutual assistance and advance; and they must hew to the line, let the chips fall where they may. All our various hospitals and other institutions must be brought into relation with each other for educational purposes, such as instruction of students and the training of assistants. The teaching there received must be supplemented by lecture courses and laboratory instruction. We protest with all our might against the suicidal policy that would deliberately starve our British educational agencies, by suggesting wholesale emigration for the purpose of elementary training.

Are we not competent to train our own men? Neglect this important function, and our institutions will become dwarfed and etiolated. If we neglect this, how shall we escape degeneration and ultimate extinction? In the nature of things we cannot escape, and the oblivion will be well merited. The "fit" alone shall survive. Surely, too, the hope of attaching disciples to the homœopathic cause will serve as a stimulus for each institution to do the best possible it can. Each will have his and its own duty; let each see that this duty is done!

Isolation, splendid or otherwise, the fatal policy of the "watertight compartment," must cease. Liverpool must be linked up with London, and Birmingham with both. There will be no ground for jealousy between the Provinces and the Metropolis, for each, in its own domain, will be *primus inter pares*.



Once more we must insist that there shall be no further mention made of the enervating policy of delegating our educational duties into the hands of the stranger and foreigner. True, they are our brothers, even though "strangers and foreigners," and as such we greet them. But they must play the part of a brother and help us to do our duty; not do the work for us, but help us to do it ourselves.

In conclusion, again we say, leave curious questions aside and face evident duties. Doubt of any sort can only be removed by action. *Do the duty which lies nearest thee*, which thou knowest to be a duty! Thy second duty will already have become clearer.

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### Original Articles.

#### THE NEW ERA FOR HOMŒOPATHY.

By W. THEOPHILUS ORD, M.R.C.S.ENG., L.R.C.P.LOND.  
*Vice-President of the British Homœopathic Society.*

THE new era in the history of homœopathy in England commences in this month of October in the year nineteen hundred and eight. With no great flourish of trumpets or public display, but quietly and unostentatiously, by the faithful efforts of a handful of workers, aided by the resources of the British Homœopathic Association and the London Homœopathic Hospital, has this notable event been brought about; until, as these words appear in print, it is within a few days of being an accomplished fact. And yet so little apparent on the surface is the true inwardness of the matter, that many of our readers may be wondering what event can in reason be heralded with such enthusiasm. They may be still further surprised to learn that the event which appears to me to usher in the new era for homœopathy in Great Britain is the issue of the syllabus of the Honyman Gillespie Lectureships in Medicine—which lectures commence on the 19th and 20th of this month—and the educational scheme which they inaugurate.

Lectures on homœopathy are nothing new; we have had many able courses of such at various times during the last

few years ; lectures especially designed to instruct the student of medicine in the principles and practice of homœopathy. These have done good work in the past—all honour to those who, through evil report and good report, put their best work into them, often with but discouraging results at the time. Through their efforts the flame of truth in this despised and neglected department of scientific medicine has been maintained, when for lack of support it seemed to burn dim and low.

Repeated efforts have also been made to establish a definite medical training school in homœopathy in the past. Many years ago the late Dr. Bayes founded the London School of Homœopathy at the London Homœopathic Hospital, and a second endeavour was made more recently under the direction of Dr. Burford and Mr. Dudley Wright at the same institution. Of this latter attempt we may say that it met with some success ; a full academic programme was carried through and several students attended the course ; but the interest flagged, and the lecture course was discontinued after the following year. Hence up to 1903 homœopathy was in the position of a cause without a teaching body, of a cult without training equipment. Then with the British Homœopathic Association came a revival of teaching. All will recall the excellent year under Dr. Searson's dean-ship, and the brilliant year when Dr. Nash came over to lecture. Then the Gillespie trustees opened up communication with the Association ; and later the London Homœopathic Hospital came into the negotiations. A conjoint committee was formed, and after various legal preliminaries, in both England and Scotland, the Honyman-Gillespie trustees have arranged to subsidize a fully-equipped course of homœopathic medicine, the synopsis of which appears on another page. Hither we have advanced, and the workers already see the early fruition of their labours. If then a mere repetition of similar lectures under a new name and under fresh auspices were announced, what could there be in such an event to warrant the anticipation of a new era in homœopathy?

A brief consideration of the present arrangements for these lectures and the plans now formulated in connection with them will, I think, convince every one of us that a continuous

scheme for homœopathic professional education has been launched into being. Provision has been made by which every qualified practitioner or senior student of medicine may obtain a complete, practical, and theoretical training in the uses of drugs according to the principles laid down by Hahnemann; and may test and observe for himself in the clinical departments of the London Homœopathic Hospital whether these things are as we homœopaths affirm, and daily prove in our work. But further—and of equal importance with such advantages must be the practical means of affording them—it is intended that those who have narrowed their resources by the heavy expense of the ordinary medical curriculum, shall be enabled to complete such a course of instruction without any further expense to themselves—thanks to the initiative of the British Homœopathic Association.

The highest and noblest achievement of the science of education, to which so far only Switzerland and Germany have attained, and in which, alas! our country hangs ignobly in the background, is that which enables a child of the democracy to obtain a complete education in any department of knowledge for which his abilities may fit him, without expense to his parents or guardians. If then we can offer to the newly-qualified medical man, who can afford little further expense, a free professional education in homœopathy, and still further guarantee him a start in practice as a homœopath, the highest possible achievement in homœopathic professional education has been attained. This is now rendered possible by the plan of the Gillespie Lecture Courses, combined with the clinical teaching arranged for at the London Homœopathic Hospital, further aided financially by special scholarships instituted by the British Homœopathic Association. Although admirable courses of lectures have been given in previous years, as we have said, no such attempt to not only educate but assist the career of the young homœopath has ever been brought about before; and the lack of this has been the cause of losing many men who could have become brilliant exponents of practical homœopathy in past years. Surely these admirably conceived arrangements justify the anticipation of a new era for homœopathy in England?

A perusal of the synopsis of the Gillespie course on *Materia*

Medica and of that on Therapeutics, of which our readers will have received a copy, emphasizes one important fact of supreme importance: namely, the appreciative attitude assumed towards the admirable work that has been done in medical science by many workers during recent years. In the old days a position of somewhat intolerant bigotry towards the ordinary methods of treatment was tacitly assumed, even by those who hoped and endeavoured by their lectures and teaching to win adherents to homœopathy. In Hahnemann's day and for many years after there was justification for this attitude, although its assumption was undoubtedly a tactical mistake. But this position is no longer tenable; many admirable methods of palliation and of cure have been discovered in various diseases which homœopaths gladly acknowledge, finding in many of them further definite proof of the validity of the homœopathic law. But it is in the treatment and cure by medicinal agents that homœopathy stands paramount, and always must so long as the laws of Nature remain. Whilst this great fact is emphasized its demonstration by the bedside and in the out-patient work of the hospital is now relied upon, rather than the *ipse dixit* of the lecturer, to convince the inquirer of the truth of Hahnemann's dictum. That every effort is to be made to win and encourage men by freely acknowledging what is good in other methods, and by demonstrating what is good and better in ours, the careful wording of these two synopses renders evident. This fact also illustrates the importance of the new departure in homœopathic professional education. Another point may be noted with satisfaction, namely, that prominence is to be given to the trend of so much in modern medical discoveries to confirm the principles and practice of homœopathy, this being especially the case in the use of minute doses, and in the opsonic treatment as well as with the vaccines and nosodes. To quote a sentence from the syllabus: "The tendency to approximation between the two schools will be noted, and any modern views that may be held to diminish the differences still existing will be emphasized."

But admirable as these new lecture arrangements appear, they would not of themselves justify the sanguine attitude which it seems to me we may now assume. These form but

the first step in what is intended should be a broad, inclusive, competent scheme in education work. This will embrace not only lecture courses but special hospital facilities, scholarships, appointments and all that is necessary for a complete and practical education in homœopathic aims and methods, and finally the guarantee of an opening in dispensary and private practice, combined with such financial support as may be essential for initial success. This latter provision is doubtless one of the most important features of the scheme, and has been actually carried out for some time by the British Homœopathic Association.

In a paper on "The Dearth of Homœopathic Practitioners" which appeared in the Review for April last, I endeavoured to formulate proposals for assisting converts who had passed through the curriculum of the new school in homœopathy to commence practice as stipendiary officers to dispensaries to be opened in towns previously unrepresented by a homœopathic physician. Already the idea has borne fruit, and from the newly issued report of the Association we find that this has actually been accomplished at Southport, where there is now a flourishing dispensary with a resident medical officer, and that a homœopathic hospital is about to be built. This is a notable instance of what can be accomplished by courage and effort in the cause of homœopathy, when aided by the support of this Association, and affords a striking example of what can and surely *will* be done in many other towns in the near future.

We may well congratulate our colleagues on the noble scheme of education which is now placed before us. Every one who has the true interests of homœopathy at heart will now seek to strengthen their hands. All things needful for a complete professional education in homœopathy are now provided. There is abundance of material for study at the London Hospital, as well as in the provincial hospitals of Liverpool, Birmingham and elsewhere. Although smaller in size, these hospitals compare favourably with the greater institutions in America for clinical study. In these hospitals we have men who, although they are less prolific as authors, are as good masters of *materia medica*, and as capable of imparting their knowledge, as the greater names of the United

States. There can be no excuse, then, for the cry for American elementary aid which has recently been raised.

There is good reason to believe that a more practicable educational course is now offered to us than is obtainable by delegating our educational duties to our American brethren. For those who can afford the time and desire the "finish" after completing a preliminary study and practice of homœopathy here, a residence for a session in one or other of the best equipped American schools brings definite advantage, when the travelling scholar is not a neophyte ; but it is not likely that the majority of recent graduates interested in homœopathy can pass through any such needlessly circuituous course at the commencement of their new study.

Now is the time when all minor points of difference should be forgotten—when all who believe and practise the law of similars must loyally stand shoulder to shoulder and press forward for the advance of homœopathy in England. Especially let us each make known in our own immediate circle the fact that now at last the reproach has been wiped away, and that a full professional education in homœopathy is offered to everyone who desires it.

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### SINGLE DOSES AND HIGH DILUTIONS.

#### A LETTER TO THE FRENCH HOMŒOPATHIC SOCIETY.<sup>1</sup>

By P. JOUSSET, M.D.

GENTLEMEN,—I wish, with your permission, to impart to the (French) Homœopathic Society some reflections *à propos* to the proceedings at a recent sitting of the Society. At this meeting Dr. N. addressed the Society on a number of different topics, and one of these specially claims attention, for its doctrinal and clinical importance is considerable. It sums up, in a very striking manner, the complete change which took place in the character of Hahnemann's teaching towards the middle of his career. This change has been the subject of discussions amongst us any time these fifty years, and we thought the matter settled once and for all. To-day,

<sup>1</sup> Translated specially for the BRITISH HOMŒOPATHIC REVIEW by Dr. Galley Blackley.

however, it appears to be necessary to open the subject afresh. First, let us refer to Dr. N.'s communication. It consisted of Dr. N.'s assertion that he had cured a certain chronic and rebellious ailment with a single dose of a drug given in the 12,000th dilution. Well, we may be very sure that the patient got well of himself, but we will not waste time on questions of detail, going straight to the general question. We shall show the origin of this erroneous method of therapeutics which prescribes single doses, or doses repeated at intervals of weeks or months, and the employment of drugs in exaggerated infinitesimal doses. The first of these (the unique dose) has had a deplorable influence upon the teaching of Hahnemann, and is easily refuted as being quite in contradiction to the experimental method. As to the second, that of excessively high dilutions, we shall feel it our duty to show that they fulfil none of the conditions demanded by Hahnemann in the preparation of dilutions.

(1) As to the single dose, Hahnemann himself teaches in his *Materia Medica* and in his *Chronic Diseases* that, in treating chronic diseases by antipsoric remedies, we ought not, in many cases, to repeat the drug more than once; giving as an example the treatment of whooping-cough by a single dose of *drosera* 30. A certain number of Hahnemann's pupils have followed this practice: I knew, for instance, one medical man who, in using *sepia*, always prescribed 3 globules of the 30th every two months! I could cite physicians too who in phthisis give one dose of *phosphorus* every fifty days (Rummel of Magdeburg). Dr. N. told me that he treated scrofula with a single dose of *baryta carbonica*.

These few examples will enable us to understand the mode of practice of those physicians who, abandoning the experimental method, have followed Hahnemann into that region of hypothesis where, as the records of medicine show, so many brilliant intellects have gone astray. Let us see, therefore, what is the genesis of this therapeutic error, and who is the culprit. If you open the *Organon* at p. 268, you there read the following lines: "As the result of numerous experiments and exact observations, and with a view of putting a limit to the development of the *virtue* of liquid medicaments, I now only give two shakes to each bottle instead of several,

as formerly, for the latter *developed the power of the drug too much*. Some homœopaths carry about liquid medicines with them in their daily visits, and maintain that their virtues are not exalted thereby. In sustaining such a thesis they show that they do not possess the spirit of rigorous observation. I have dissolved a grain of soda in half an ounce of water mixed with a little alcohol, and have shaken the bottle, two-thirds full, without interruption for half an hour, with the result that I have found this preparation to be *equal in energy to the thirtieth dilution*." And this is Hahnemann, one of the greatest chemists of his time, who is not afraid to affirm such nonsense! *Carbonate of soda*, even if agitated for years with alcoholized water, would always possess the physical, chemical and therapeutical properties of *carbonate of soda*.

The culprit, therefore, is Hahnemann himself! When a physician, accustomed to the difficulties of homœopathic therapeutics, hears it asserted that *carbonate of soda*, or any other drug, without undergoing the ordinary manipulations, presents the properties of the thirtieth dilution, he is taken aback. Why? Because he knows by his everyday experience how much time and patient research are needed to ascertain with certainty the properties of any particular dilution, and, no matter how much accustomed one is to this kind of study, how one hesitates to say in what way a twelfth differs from a thirtieth dilution. How can one be expected to believe, upon a simple affirmation, that 5 centigrammes of *carbonate of soda* shaken in water possess the properties of the thirtieth dilution? No! no matter how great the authority, such simple affirmations do not suffice to carry conviction; we need a demonstration, and this demonstration is lacking.

The above passage from the *Organon* shows very exactly Hahnemann's state of mind at a certain period of his career. In 1797, after minute observation of the effects of drugs upon the healthy human subject, his genius formulated the laws which still govern pharmaco-dynamics; arrived, however, at the middle of his career and abandoning his own teaching, he starts the idea that drug energy is augmented in successive dilutions according to the number of shakes given to each, and that these dilutions (or rather *potencies*, as they by that time were called) may thereby develop dangerous energy.



Let us now examine all this phantasmagoria in the light of positive therapeutics, and we shall have no difficulty in demonstrating that drug-energy does not increase with the dilutions. We propose to show that they are no stronger in the thirtieth than in the first dilution, but that they are something different altogether. *Aconite* in the form of mother-tincture is a precious drug in the treatment of grave erysipelas; in the thirtieth dilution it often cures neuralgia and certain hysterical affections. Is this because the power of *aconite* increases from the mother-tincture up to the thirtieth dilution? No! only it has another action altogether.

*Quinine* in massive doses is a brilliant remedy for pernicious fever. Does its power of curing diarrhoea and affections of the liver depend upon an increase of energy with successive dilutions? No! but the action is quite different.

*Digitalis* in poisonous doses produces rapid asystole and death, whilst in infinitesimal doses it increases the heart's energy. Does this drug increase its powers in passing from the ponderable to the infinitesimal dose? Obviously not, but the action is another one.

Every drug in fact has two actions, according to the dose, and these effects, moreover, of small and large doses are opposed one to the other. This rule was formulated by Hahnemann himself in 1797, and still rules in the pharmacodynamics of all schools.

In order to render my demonstration more convincing, and that no doubt whatever should remain in your minds, permit me, by relying upon a clinical fact constantly met with in practice, to show that a change of dilutions, that strong or infinitesimal doses develop in the drug, not only two opposite actions, but confer upon it a new state of adaptability to the diseased organism; so much so that this dilution will modify for certain a morbid condition which another dilution has left unchanged, and this whether the dilution be high or low.

Take a patient who presents the symptoms of matutinal supra-orbital neuralgia; you prescribe *nux vomica* (3rd) and the patient continues to suffer from these morning attacks; you then prescribe the thirtieth dilution and the pain which

had persisted for several months disappears after the first dose; you exclaim triumphantly, "See, the successive dilutions have increased the energy of the drug, for the thirtieth dilution has cured a complaint in which the third completely failed!" Wait a little—here is another patient suffering from the same morning neuralgia; you hasten to prescribe the thirtieth dilution, and the effect of the drug is absolutely *nil*. Doing just the opposite of what you did on the first occasion, you now give the third, and the patient is cured. This is no fanciful picture, but a common clinical experience. Yes, the adaptation of the dilution varies with circumstances and constitutes, in fact, not the least of the difficulties of the practice of medicine.

Hahnemann's idea that the power of a drug increases with the dilution has radically changed the orientation of the Hahnemannian reform; experimental methods have been abandoned and therapeutics left to the most deplorable illusions. It is, thanks to this, that Hahnemann counsels us, without a smile, to treat whooping-cough with a few globules of *drosera* 30, administered once only; and the same idea leads him to advise single doses of antipsoric drugs in the treatment of chronic ailments. It is this which has led some of his disciples to consider *phosphorus* 30 as dangerous in the treatment of acute laryngitis, and, in the treatment of phthisis, to administer high attenuations of *sulphur* or *phosphorus* once every thirty, forty, or sixty days!

(2) Concerning exaggerated infinitesimal doses, let us see how far these answer to the conditions laid down by Hahnemann himself for the dilution of drugs.

According to Hahnemann, a dilution should consist of two drops of a given drug-tincture mixed with 5 grammes of distilled water or alcohol. The bottle which contains this is filled only two-thirds full, and is usually given not less than thirty vigorous shakes. This ensures the intimate mixture of the drug and the menstruum, a condition which is quite lacking in all the automatic machines for making high dilutions. These machines, no matter how carefully made, produce only rough mixtures, and not the intimate combinations of the true Hahnemannian dilutions.

The advocates of dilutions made with machines claim for

them that they are endowed with extreme energy. I assert that this still requires demonstration, and whilst awaiting it I am reminded of the extreme high potencies of Jenichen, against which it was asserted that no disease could stand. All the world crowded to Germany to procure Jenichen's preparation at a high price. One day, however, it turned out that Jenichen's 20,000th dilution was none other than the fourth dilution shaken in the same bottle 20,000 times! The same may be said of the dilutions of Fincke and Co.; we await proofs of their powers, not only clinical but *experimental*. I have given proofs in the laboratory for the thirtieth dilution; we are still awaiting proofs as regards the 20,000th dilution.

Let me remind you that all these questions were discussed and voted upon by our Society forty-five years ago! When will the dreamers leave us in peace to work at the perfecting of therapeutics, or must we be always merely marking time? To those partisans of extreme high dilutions, who maintain that you can cure better with the 200th than with the thirtieth, I make an offer, that is to supply you with both dilutions without saying which is which, and I will defy you to distinguish one from the other.

Before we accept the action of the very high dilutions, we ask to be furnished with laboratory and bedside proof of the presence of the drug in these dilutions. My researches in the laboratory have demonstrated the presence of *deutochloride of mercury* and of *nitrate of silver* in the thirtieth Hahnemannian dilution, by their action upon the growth of *aspergillus niger*. Let the high dilutionists take up the challenge thrown down by M. V. Leon Simon, *i.e.*, make hypodermic injections in one series of animals with the 20,000th dilution, and in another series injections of alcoholized water. If the 20,000th really contains the drug, and if each dilution exalts its energy, we cannot fail to produce very marked disturbances of health. But if the high dilutionists will not accept any of these experimental tests, if they refuse to demonstrate either at the bedside or in the laboratory the effect of any of these high dilutions, let them leave us at least to work in peace at our materia medica and clinical medicine, and let them keep their anecdotes and legends for the extra-scientific world.

One word in conclusion. I do not deny that a drug may have an effect in the 200th or even in the 20,000th dilution; this effect is incontestable in the thirtieth, which in itself is sufficiently surprising; only we demand in the name of experimental science, a demonstration which until now is conspicuous by its absence.—*L'Art Médical*, 1907, p. 5.

### Introduction to a Register of the British Homœopathic Educational Centres and Clinical Institutions.

FOR the first time in the annals of British Homœopathy we publish a carefully compiled list of the various homœopathic educational centres in Great Britain, as well as an account of the hospitals where homœopathic practice is carried on. We have compiled this for the easy reference of those recent graduates and medical men in practice who may wish to turn to account the local facilities for the acquisition of a practical knowledge of homœopathy. We have reason to believe that there is a considerable number of men desirous of acquainting themselves as to the efficacy of the homœopathic treatment of disease, and who would be glad to avail themselves of such local opportunities as exist for independent observation.

The larger homœopathic hospitals to be found in University cities such as Birmingham, Liverpool, and London naturally offer the most ample means for the study of homœopathic practice at first hand, but the smaller homœopathic hospitals scattered throughout the country afford very valuable means for the personal investigation of the inquiring student. It is the duty of the staff of every public institution where homœopathy is practised to make it a centre of light and leading in therapeutics for the practitioners in the neighbourhood. If the inquiring minds of the medical men in the neighbourhood can only be brought into contact with the excellent clinical work carried on in these institutions, an

awakened interest in the new therapeutics must necessarily follow.

### THE BRITISH HOMŒOPATHIC ASSOCIATION.

For some years past this Association has been responsible for the provision for professional training in homœopathic medicine. In conjunction with the Education Committee of the London Homœopathic Hospital, it has carried through some excellent educational years, has initiated and carried out the plan of Travelling Scholarships for homœopaths desirous of ample experience, and of late has devoted its energies to working out the scheme for the Honyman-Gillespie Lecture Courses, co-operant with the London Homœopathic Hospital.

Its plan is to introduce new men into homœopathy through our own institutions, and instructed by our own teachers: not to delegate this all-important early stage to others. It provides scholarships for those commencing the study of homœopathy under its auspices. It further offers, to those who have already attained some experience in homœopathic practice, opportunities of amplifying this in foreign schools. Its aim is to link up every homœopathic educational centre in Great Britain, and to do away with the belated "water-tight compartment" system, which kept each as a separate and sometimes competitive cause. Its design is "each for all and all for each" as regards homœopathic work in this country. Its fellowship includes all representatives of the homœopathic body, and its educational policy is cast on the lines of breadth and efficiency.

### HONYMAN-GILLESPIE LECTURESHIPS IN MEDICINE.

*Systematic Teaching by Two Courses of Lectures and Clinical Demonstrations.*

Course 1: Homœopathic *Materia Medica*, by Chas. E. Wheeler, M.D., B.S., B.Sc.(Lond.), Assistant Physician London Homœopathic Hospital, at Chalmers House, 43, Russell Square, W.C., Mondays and Thursdays, at 5 p.m. (October 19 to December 17, 1908; January 25 to March 25, 1909).

Course 2: Homœopathic Therapeutics (with clinical demonstrations), by Jas. Searson, M.D.(Brux.), Assistant Physician London Homœopathic Hospital; sometime British Homœopathic Association Travelling Scholar, U.S.A.; at the London Homœopathic Hospital, Great Ormond Street, Bloomsbury, W.C., Tuesdays and Fridays, at 5 p.m. (October 20 to December 18, 1908; January 26 to March 26, 1909).

*I.—Synopsis of the Course on Materia Medica.*

The object of the Course will be to set forth the principles of homœopathy in their relation to medicine in general, with a constant attempt to co-relate theory with practice.

The work of Hahnemann and the history of Homœopathy will first be considered.

After the historical statement, the principles enunciated by Hahnemann will be reviewed in the light of a century of practical effort to apply them, and of medical progress and discovery in other directions.

The tendency to approximation between the two schools will be noted, and any modern views that may be held to diminish the differences still existing will be emphasized.

The sources of the homœopathic *Materia Medica*, the value of "provings" in general, the comparative value of symptoms, and the best methods of study, will then be dealt with.

The preparation of medicines for homœopathic use, the questions of dosage and potency, will come under review, with any considerations that may throw light on the action of infinitesimals. The meaning of the word "cure," the natural defences of the organism, the theories of constitution and diathesis will be studied with special reference to the opsonic theory and the modern use of vaccines.

Following these considerations on the general features of homœopathic practice, particular examples will be taken.

The subjects of tuberculosis, syphilis, gonorrhœa, and cancer will be considered, with the broad lines of their homœopathic treatment.

Then certain typical remedies will be taken as examples and discussed in detail, and the rest of the course will consist of lectures on therapeutics of various diseases, and on such

remedies as give best insight into the working of the "Law of Similars."

*II.—Synopsis of the Course on Therapeutics.*

This course will be essentially clinical. The general aim will be to make it as far as possible complementary to Course I.

The ample clinical resources of the hospital will be available for demonstration, and the general purpose from first to last will be to make successful treatment the goal of the instruction, and to show that the methods of homœopathy are in this respect an advance on all others. Diagnosis and prognosis will be dwelt on, and especially will stress be laid on newer and more precise diagnostic instruments. Such, for instance, as those for clinically measuring arterial pressure, and other methods of diagnosis, will be discussed and illustrated, but the main interest of each case will be held to lie in the reasons for selecting a particular remedy for it, and to these most attention will be directed.

As far as possible each month will be kept for the discussion of the diseases of one or other of the main systems of the body, though naturally every opportunity will be utilized to show cases of the rarer diseases or any unusual features. The lecturer will hold himself free to discuss the treatment of familiar diseases (*e.g.*, the zymotic diseases) without actual demonstration of cases, for homœopathy is relatively easy to apply successfully in acute disease, but, in the main, the diseases treated of will be illustrated by actual examples.

The uses of the "nosodes" will be demonstrated in such diseases as tubercle and syphilis.

The treatment of such a constitutional disorder as tubercle will be dealt with from all sides of its manifold points of attack—lungs, abdomen, glands, and skin; especial stress will be laid on its treatment in children.

Gastritis, acute and chronic, and gastric ulcer; enteritis; varieties of jaundice and their appropriate treatment will be considered. Nephritis, acute and chronic; anæmia and its varieties. The multiple forms of heart disease, arterial high tension, pneumonia and broncho-pneumonia in the child and the adult. Bronchiectasis, phthisis and pleuritis, chorea, and epilepsy, neoplasms in general. These main divisions will

form the groundwork of the course, to which will be added any case that is interesting, either by reason of difficulty of diagnosis or special success in treatment.

*N.B.*—On each Friday a list of subjects and cases for the week following will be placed on the notice board at the hospital, and an intimation will also be sent by post if desired, each week, to any who give their names and addresses for the purpose.

*Fees.*—For the two courses, £5 5s. ; for a single course, £3 3s. Members of the British Homœopathic Society are admitted without fee. For further particulars, apply to Mr. Edward A. Attwood, Secretary to the London Homœopathic Hospital, Great Ormond Street, London, W.C. ; or, to The Secretary, British Homœopathic Association, Chalmers House, 43, Russell Square, London, W.C.

#### THE LONDON HOMŒOPATHIC HOSPITAL.

Number of beds, 100.

##### *Medical and Surgical Staff.*

*Consulting Physicians.*—Dr. Dyce Brown, Dr. J. H. Clarke.

*Physicians.*—Dr. Blackley, Dr. Byres Moir, Dr. Washington Epps, Dr. Goldsbrough, Dr. MacNish.

*Assistant Physicians.*—Dr. Spencer Cox, Dr. Searson, Dr. H. E. Deane, Dr. C. E. Wheeler, Dr. Octavia M. Lewin.

*Surgeons.*—Mr. Knox Shaw, Mr. Dudley Wright.

*Assistant Surgeons.*—Mr. C. Granville Hey, Mr. James Eadie.

*Physicians for Diseases of Women.*—Dr. G. H. Burford, Dr. Edwin A. Neatby.

*Assistant Physician for Diseases of Women.*—Mr. James Johnstone.

*Physician for Diseases of the Skin.*—Dr. Blackley.

*Physician for Diseases of Children.*—Dr. Roberson Day.

*Physician for Diseases of the Nervous System.*—Dr. Goldsbrough.

*Surgeon for Diseases of the Eye.*—Mr. Knox Shaw.

*Assistant Surgeon for Diseases of the Eye.*—Dr. A. Speirs Alexander.



*Surgeon for Diseases of the Throat, Nose and Ear.*—Mr. Dudley Wright.

*Assistant Surgeon for Diseases of the Throat, Nose and Ear.*—Mr. Vincent Green.

*Medical Officer for Physical Exercise Department.*—Dr. H. E. Deane.

*Pathologist.*—Mr. F. A. Watkins.

*Anæsthetist.*—Dr. J. C. Powell.

*Registrar.*—Dr. Octavia M. Lewin.

*House Physician.*—Dr. William Percy Purdom.

*House Surgeon.*—Mr. Archibald Gates Payne.

*Surgeon Dentist.*—Mr. Sydney Clifford, L.D.S.Eng.

*Matron.*—Miss Clara Hoadley.

*Medical Council.*—A. Speirs Alexander, M.D., Henry Belcher, M.D. (Brighton), J. G. Blackley, M.B., D. Dyce Brown, M.A., M.D., Wm. Bryce, M.D. (Edinburgh), G. H. Burford, M.B., T. W. Burwood, L.R.C.P., A. Midgley Cash, M.B. (Torquay), J. H. Clarke, M.D., A. C. Clifton, M.R.C.S. (Northampton), Geo. Clifton, L.R.C.P. (Leicester), W. Spencer Cox, M.D., Eugene Cronin, M.D., A. H. Croucher, M.D. (Eastbourne), J. Roberson Day, M.D., H. E. Deane, M.D., James Eadie, M.B., Washington Epps, L.R.C.P., Sydney Gilbert, L.R.C.P. (Reigate), Giles F. Goldsbrough, M.D., Vincent Green, M.D., Edgar A. Hall, M.B., J. P. Harper, M.D., C. Granville Hey, M.B., James Johnstone, F.R.C.S., James Jones, M.D., Octavia M. Lewin, M.B., B.S., M.D., D. MacNish, M.A., M.B., E. M. Madden, M.B., Byres Moir, M.D., H. Nankivell, M.D. (Bournemouth), Edwin A. Neatby, M.D., F. Neild, M.D. (Tunbridge Wells), T. E. Purdom, M.D., E. B. Roche, M.R.C.S. (Norwich), W. Roche, L.R.C.P., James Searson, M.D., W. B. B. Scriven, M.B. (Dublin), H. Shackleton, M.D., E. L. Suss-Hahnemann, M.D. (Ventnor), C. T. Knox Shaw, M.R.C.S., F. A. Watkins, M.R.C.S., Charles E. Wheeler, M.D., H. Thorold Wood, M.R.C.S., Dudley Wright, F.R.C.S.

The London Homœopathic Hospital is the largest clinical institution for the practice of homœopathy in Great Britain.

During 1907, 1,105 patients were treated in the wards, 51,500 out-patients' attendances were registered, corresponding to 10,167 individual patients.

The various departments embrace not only general medicine and surgery but the various special branches of work, and the equipment of these is as elaborate as modern research demands.

The hospital itself is a comparatively new building, but is to be at an early date extended, so as to include fifty new beds. It is the institution where the clinical demonstrations of the Honyman-Gillespie Courses are given.

Beside this special Educational Course the wards are always open for the visits of professional men, and the Medical Staff heartily welcomes any members of the profession desirous of seeing the cases and the homœopathic method of treatment here adopted.

### LIVERPOOL.

#### LIVERPOOL HAHNEMANN HOSPITAL AND HOMŒOPATHIC DISPENSARIES.

Number of beds, 50.

*Consulting Staff.*—Dr. J. W. Hayward, Dr. Simpson, and Mr. Mahony.

*Consulting Surgeon.*—Dr. John D. Hayward.

*Visiting Staff.*—Physicians : Dr. A. E. Hawkes, Dr. R. Gordon Smith, Dr. J. W. Ellis, Dr. Jas. Watson, Dr. Stuart. Surgeon : Dr. Chas. Hayward. Diseases of Women : Dr. A. E. Hawkes, Dr. Cash Reed. Dental Cases : Mr. F. Hervé Clibborn.

#### *Out-patient Department.*

*Physicians.*—Dr. Gordon Smith, Tuesdays at 3.30 p.m. ; Dr. Ellis, Thursdays, 3.30 p.m.

*Surgeon.*—Dr. Cash Reed, Wednesdays, 3.30 p.m.

*Diseases of Women.*—Dr. Hawkes, Tuesdays and Fridays at 3.30 p.m. ; Dr. Cash Reed, Mondays at 3.30 p.m.

*Diseases of the Eye.*—Dr. Alfred J. Hynd, Tuesdays and Fridays at 3.30 p.m.

*Diseases of Throat, Nose, and Ear.*—Dr. Chas. Hayward, Wednesdays at 3.30 p.m.

*Diseases of Children.*—Dr. Jas. Watson, Thursdays at 3.30 p.m.

*Diseases of Skin.*—Mr. Williams, Thursdays at 4.30 p.m.

*Anæsthetist.*—Dr. Jas. Hawkes.

*Surgeon Dentist.*—Mr. F. Hervé Clibborn.

*Medical Registrar.*—Dr. Jas. Watson.

*Stipendiary Non-resident Medical Officers.*—Dr. Jas. Hawkes, Dr. Edmond Hughes, and Dr. John Birch.

#### ROSCOMMON STREET DISPENSARIES, LIVERPOOL.

*Medical Officers.*—Dr. A. E. Hawkes, Dr. W. Cash Reed, Dr. Ernest Hawkes, Dr. Edmund Hughes.

Four hundred and ninety-eight in-patients were treated in the wards during 1907, and 86,544 out-patients' attendances were registered in the various departments of the hospital. The Liverpool Hahnemann Hospital with the attached Roscommon Street Dispensaries constitutes one of the very best educational centres for attaining a first-class practical knowledge of homœopathy. The large number of cases and the varied character of the diseases treated in the hospital wards afford abundant material for the observation by the inquiring practitioner of the methods and results of homœopathic practice.

The large *clientèle* of the Roscommon Street Dispensaries constitutes a clinical observation ground of the highest value. Homœopathy is here seen at its best in combating the acute and chronic diseases of a thronging population, and the excellence of the results obtained leaves no doubt in the impartial mind of the enormous benefit of homœopathic medication.

All departments of medicine and surgery are represented in the daily work alike of the hospital and the dispensaries, and the general practitioner will here find his daily work mirrored and his daily problems solved. Epidemic diseases naturally yield their full quota in such a dense centre of population, and the records of the successful treatment of such epidemics as cholera, influenza, diarrhœa, &c., show results second to none.

BIRMINGHAM.

BIRMINGHAM AND MIDLAND HOMŒOPATHIC HOSPITAL AND DISPENSARY.

Number of beds, 38.

*Visiting Staff.*—John Craig, M.B., C.M.; J. C. Huxley, M.D.; Arthur Avent, L.R.C.P. & S.E., L.S.A.

*Days and Hours of Attendance.*

Dr. John Craig : Mondays and Thursdays at 2.30 p.m.

Dr. J. C. Huxley : Tuesdays and Fridays at 2.30 p.m.

Dr. A. Avent : Mondays and Thursdays at 2.30 p.m.

*For Diseases of the Eye.*—Dr. John Craig ; Thursdays at 2.30 p.m.

*For Diseases of Women.*—Dr. John Craig ; Mondays at 2.30 p.m.

Three hundred and fifty-seven in-patients were admitted during the year 1907. The number of out-patient attendances totalled nearly 20,000.

Excellent homœopathic work is done in this institution, and acute and chronic medical and surgical cases of all kinds—infective diseases excepted—are admitted for treatment. This is the leading homœopathic hospital in the Midlands, and the visiting physicians have abundant resources for the clinical demonstration of homœopathic treatment to professional visitors.

BROMLEY.

BROMLEY HOMŒOPATHIC HOSPITAL (PHILLIPS MEMORIAL).

Number of beds, 18.

*Consulting Staff.*—D. Dyce Brown, M.A., M.D.; C. Knox Shaw, M.R.C.S.; George Burford, M.B.; Dudley D'A. Wright, F.R.C.S.

*Honorary Dental Surgeon.* — A. W. Henly, M.R.C.S., L.R.C.P., L.D.S.

*Visiting Staff.*—H. Wynne Thomas, L.R.C.P., M.R.C.S.

One hundred and forty in-patients were admitted during the year 1907; 2,800 attendances were made in the out-patient department. The hospital work was of a high class; the cases treated were of a varied character, including casual-

ties, surgical cases, and medical cases of a non-infective kind. Fifty-nine operations, a large proportion being severe major operations, were here performed last year.

This hospital is one of the best built, best equipped, and best worked of the smaller hospitals. Its location is ideal, and its appointments are new and throughout up to date. A well-found X-ray department adds to its usefulness. The nursing, under the accomplished administration of the Matron, is excellent; the institution trains its own probationers. No better example of a cottage hospital, doing homœopathic and general professional work of a first-class order, exists in this country. Any medical practitioner in the locality, desiring to know the value of homœopathy in the treatment of the sick, should observe the successful clinical work carried on here.

### TUNBRIDGE WELLS.

#### TUNBRIDGE WELLS HOMŒOPATHIC HOSPITAL AND DISPENSARY.

Number of beds, 20.

*Consulting Staff.*—Frederick Neild, M.D., C.M., L.R.C.P. Eng.; George Burford, M.B., C.M.; C. T. Knox Shaw, M.R.C.S.Eng.

*Visiting Staff.*—James C. Pincott, M.R.C.S.Eng., L.R.C.P., L.M.; N. Grace, M.D., C.M. (McGill), L.R.C.P.Lond. M.R.C.S.Eng.; Edith Neild, M.B.Lond., L.R.C.S.Eng.

*Dental Surgeon.*—Alfred H. Tester, L.D.S., D.M.D.

#### *Out-Patient Department.*

Dr. Pincott : Tuesday, 7 p.m.

Dr. Edith Neild : Wednesday, 2.30. p.m., for women and children only.

Dr. Pincott : Wednesday, 7 p.m.

Dr. Pincott : Thursday, 9 a.m., for diseases of women and surgical cases only.

Dr. Edith Neild : Thursday, 2.30 p.m., for women and children only.

Dr. Tester : Thursday, 9 to 9.30 a.m. (dental cases).

Dr. Grace : Friday, 6 p.m.

One hundred and four out-patients were treated in the wards during the year 1907; 3,098 attendances were registered in the out-patient department, and 4,593 home visits were made. This represents a wide circle of activity among the patients of the hospital. There is further an extensive dental department.

This provincial hospital, well equipped, well worked, and well situated, is an excellent example of an institution doing all-round work under the domination of homœopathic therapeutics. It offers many facilities for observing the actual working out of this law in detail. The in-patient wards, with some excellent surgery, the out-patient *clientèle*, and the extensive visiting practice among the sick poor, well demonstrate the working value of homœopathy in the successful treatment of disease, and any professional man bent on seeing for himself may profitably investigate the many-sided activities of this institution.

#### BOURNEMOUTH.

THE HAHNEMANN CONVALESCENT HOME AND DISPENSARIES.

Number of beds, 32.

*Consulting Physician*.—Herbert Nankivell, M.D.

*Visiting Staff*.—W. G. Hardy, M.D.; W. T. Ord, M.R.C.S., L.R.C.P.; B. W. Nankivell, M.R.C.S., L.R.C.P.

Two hundred and four in-patients were treated in the wards during the year 1907. No death occurred. One thousand one hundred and forty cases were seen as out-patients. There were only two deaths among these.

This institution combines the functions of hospital and convalescent home. From its location, by far the larger number of cases are tubercular. Among the out-patients the results of treatment are indicated by the report that "the bacilli in many cases had altogether disappeared." Besides the clinical work on the lines of *similia similibus*, an important collateral research has been here carried on by Dr. Ord, the detail being worked out in the laboratory of the British Homœopathic Association.

## HASTINGS AND ST. LEONARDS.

## BUCHANAN HOSPITAL.

Number of beds, 18.

*Consulting Staff.*—C. Knox Shaw, Esq., M.R.C.S., L.R.C.P.; Edwin R. Neatby, Esq., M.D.

*Visiting Staff.*—Frank Shaw, Esq., M.R.C.S.; W. Clowes Pritchard, Esq., B.A., M.R.C.S., L.R.C.P.; E. D. Shirtliff, Esq., L.R.C.P., M.R.C.S., L.S.A.; W. E. Falconar, Esq., M.B., B.S.

*Honorary Dental Surgeon.*—J. R. Richards, Esq., L.D.S.

Two hundred and sixty-four in-patients were treated in the wards during the year 1907; 9,012 attendances in the out-patient department were registered; 300 operations were performed during this period.

The Buchanan Hospital has long been known as a busy centre of homœopathic work. Two of its medical staff gained their early laurels as residents at the London Homœopathic Hospital—always a good way to commence homœopathic life. Beautiful for situation, the hospital has just added a children's wing to its buildings, and is now as well equipped as any cottage homœopathic hospital in England. It has many facilities for demonstrating what homœopathy can do, and how this is done: and we hope an era of expanded usefulness lies before it as a clinical centre for the enlightenment of those seeking homœopathic experience.

## SOUTHPORT.

## SOUTHPORT HOMŒOPATHIC DISPENSARY.

*Visiting Staff.*—Dr. Simpson, Dr. William Cash Reed, Dr. Edmund Hughes, Dr. E. Cronin-Lowe.

This Dispensary—the out-patient department of the hospital about to be built—has been most successfully worked since its establishment in 1903. It offers a striking illustration of the power homœopathy may be made in the hands of the enthusiastic and the able. Not only is the sphere of usefulness of the dispensary annually increasing: it has also been such an object lesson of the value of homœopathic practice that the public desire for a hospital has been definitely voiced;

a town's meeting has endorsed this, and some £3,000 already promised and paid for the establishment.

The professional man desirous of seeing for himself what homœopathy can do should put himself in communication with Dr. E. Cronin-Lowe, the stipendiary officer, who will afford every information bearing on the subject.

## PLYMOUTH.

### DEVON AND CORNWALL HOMŒOPATHIC HOSPITAL.

*Consulting Physicians.*—A Midgley Cash, M.D., C.M.Ed., M.R.C.S.Eng.; G. H. Burford, M.B., C.M.Aber.; A. Speirs Alexander, M.D.

*Consulting Surgeon.*—C. Knox Shaw, M.R.C.S.

*Visiting Staff.*—W. F. H. Newbery, M.D., C.M., L.S.A.; P. Wilmot, M.B.Lond., M.R.C.S., L.R.C.P.

*Dentist.*—Louis E. Sexton, L.D.S., C.S., L.R.C.P.

*Attendance.*—Dr. Newbury, Monday, Wednesday and Friday, 9 a.m.; Dr. Wilmot, Tuesday, Thursday and Saturday, 9 a.m. (Surgery); Dr. Newbery, Tuesday, 6 p.m. (General), Wednesday, 4.30 p.m., Friday, 6 p.m.; Dr. Wilmot, Tuesday, 9 a.m., Thursday, 3.30 p.m. (diseases of ear, throat and nose); Dr. Wilmot, Thursday, 6 p.m. (diseases of eye).

*Dentistry.*—Mr. Sexton, Wednesday and Saturday at 9.30 a.m. (by appointment.).

This hospital has for many years enjoyed the reputation of a well-worked and successful centre of homœopathic treatment. The extensive out-patient department has enlisted the special attention of the medical officers; while the in-patient clinic is representative of the usual range of cases of a busy seaport. The useful character of the work done here is reflected in the repeated necessities for enlargement of the building. There is a plenitude of opportunities here for the investigation of the course and results of homœopathic treatment by any professional inquirer; and the existence of such a useful and busy cottage hospital in their midst should prompt medical men of an open mind in the West County to turn it to this account.



## BATH.

## THE BATH HOMŒOPATHIC HOSPITAL.

*Consulting Staff.*—Samuel Morgan, M.D., M.R.C.S.; George Burford, M.B., M.C.; C. Knox Shaw, M.R.C.S.

*Visiting Staff.*—Percy Wilde, M.D.; F. W. Beville, M.R.C.S., L.R.C.P.

*Hon. Dentist.*—L. B. Eskill, L.D.S.

Eighty-three patients were treated in the wards during the year 1907, and 6,678 attendances were registered in the out-patient department; 723 visits were paid to cases at their own homes. The well-known Lansdown Home, where balneology and external therapeutics are so effectively installed, has hitherto taken the hospital under its wing. Now, however, with appointments of its own, the Homœopathic Hospital is a separate institution, and in conjunction with its active out-patient department constitutes a provincial centre of the new therapeutics.

## BRISTOL.

## BRISTOL HOMŒOPATHIC HOSPITAL AND DISPENSARY.

*Visiting Staff.*—F. H. Bodman, M.D.; S. Morgan, M.D.; T. H. Nicholson, M.D.; J. H. Bodman, M.D.; C. O. Bodman, M.D.

This provincial hospital is second to none in the thoroughness and success of the work done. Though of comparatively recent establishment, we are convinced from personal inspection that it bids fair to rank among the highest of provincial homœopathic centres in quality of achievement.

It has recently been extended in point of internal equipment, and is well staffed. We could wish for no better cicerones in the intricacies of homœopathic practice than the medical staff; and we augur some useful work for them in this department as the reputation of their excellent hospital extends.

EASTBOURNE.

LEAF HOMŒOPATHIC COTTAGE HOSPITAL.

Number of beds, 10.

*Consulting Staff.*—Dudley Wright, Esq., F.R.C.S. ; E. A. Neatby, Esq., M.D.

*Visiting Staff.*—A. H. Croucher, M.D., M.Ch., F.R.C.S.E. ; C. P. Husband, Esq., M.B., Ch.B.Edin.

*Honorary Dental Surgeon.*—Harold Turner, Esq., L.D.S.

One hundred and twenty-eight in-patients were treated in the wards during 1907 ; 203 out-patients—not merely attendances—were registered during the same period.

Here also, within a circumscribed area, the homœopathic practice of medicine may be observed, and its results noted. And any professional man will find, in the variety of diseased conditions successfully treated, sufficient material for conclusions confirming the validity of the homœopathic law.

LEICESTER.

LEICESTER HOMŒOPATHIC PROVIDENT DISPENSARY AND COTTAGE HOSPITAL.

Number of beds, 6.

*Consulting Physicians.*—David Dyce Brown, M.A., M.D. ; George Clifton, J.P., L.R.C.P.Ed., L.M., L.F.P.S.Glas.

*Consulting Surgeons.*—George Burford, M.B., C.M. ; Dudley D'A. Wright, F.R.C.S.Lond.

*Visiting Medical Officers.*—Henry Mason, M.D., M.R.C.S. ; Edmund Capper, M.D.

*Days and Hours of Attendance.*

Dr. Henry Mason : Tuesdays and Fridays, 9 a.m. ; Wednesdays and Saturdays, 6 p.m. ; Mondays at 3 p.m. for Diseases of Women.

Dr. Capper : Mondays and Thursdays. 9 a.m. ; Tuesdays and Fridays, 6.30 p.m.

Fifty-five patients were treated in the wards during the year 1907. The medical cases were of the customary varied type; the surgical cases included a large proportion of major operations; all recovered.

In the Out-patient Department and Dispensary, there were 3,766 attendances.

This hospital, of comparatively recent institution, is forging ahead, and the homœopathic work done is under excellent auspices. The facilities for clinical study in a cottage hospital of this character, including work among in- and out-patients, are such as should meet the requirements of provincial medical men desirous of observing the results of homœopathic treatment for themselves.

## EDUCATIONAL ENDOWMENTS.

### SCHOLARSHIPS.

A.—The clinical facilities of the various Homœopathic Hospitals and the Academic Courses of Lectures on Homœopathy are further supplemented by the following Scholarships in Homœopathic Medicine :—

A First Series of Six Professional Scholarships in the Honyman-Gillespie Courses in the Homœopathic Practice of Medicine is offered by the British Homœopathic Association.

The scholarships are of the value of £50 each, are tenable for a Winter Session, and are available for qualified medical men and women intending to settle in Great Britain.

Applications should be made to the Secretary of the British Homœopathic Association, Chalmers House, 43, Russell Square, London, W.C.

#### (1) THE DUDGEON TRAVELLING SCHOLARSHIP.

Tenable in the United States of America for a three months' session at various homœopathic colleges appointed on each occasion. The value of the scholarship is £100. The travelling scholar is properly accredited to the homœopathic school or schools he attends, and every necessary intro-

duction to the officials is given him so that his stay is made as useful and profitable as possible. A vacancy for the next Dudgeon Scholar will be declared in November, 1908, and applications must be made to the Secretary of the British Homœopathic Association, who will supply further particulars as to residence, &c.

(2) THE LIVERPOOL TRAVELLING SCHOLARSHIP IN  
HOMŒOPATHY. VALUE £150.

This scholarship, which is financed by a Liverpool gentleman, is established for the purpose of enabling a travelling scholar to take a longer course in homœopathic medicine than the preceding scholarship. The course is for six months, and is conducted at a definite homœopathic college specified on each occasion. The travelling scholar will be specially accredited to the chosen college, every arrangement will be made for him to obtain as much clinical work as possible, and on his return an opportunity will be given him to occupy an official salaried post in connection with the Liverpool Homœopathic Institutions. The candidate also will be expected on his return to obtain the membership of the British Homœopathic Society.

(3) THE SIR HENRY TYLER TRAVELLING SCHOLARSHIPS.

These are of the value of £150 each, tenable for six months, and arrangements are made for the candidates to study at the Chicago centre under Dr. Kent and Dr. H. C. Allen. Particulars may be obtained of the Secretary of the London Homœopathic Hospital.

B.—THE TRAVELLING SCHOLARSHIP OF THE LADIES' BRANCH  
FOR POST-GRADUATE CONTINENTAL STUDY IN THE  
DISEASES OF WOMEN AND CHILDREN.

The Ladies' Travelling Scholarship for Continental Study in Gynæcology, Obstetrics and Pædiatrics is awarded by the London Branch once yearly to a suitable candidate; he must be already a member of the British Homœopathic Society,

and intend to engage in practice in Great Britain on his return. Special study of this kind at the chief centres of the world's knowledge is required to infuse into homœopathy a necessarily high standard of professional attainment. Besides having the studies in the specialisms well marked out, the candidate is accredited to the homœopathic hospitals in the corresponding centre, and part of his duties consist in availing himself of the clinical teaching of such homœopathic hospitals.

The value of this scholarship is £75, and the course of study is for three months. Applications to be made to the Secretary of the British Homœopathic Association.

#### RESIDENT STUDENTSHIPS.

One of the best methods of acquiring an intimate knowledge of homœopathic practice is by residence with a homœopathic physician, and systematically following his professional work. It is superior, in point of effective mastery of detail, to either hospital residence or merely academic study: the demonstration of the values and of the why and wherefore of homœopathy is as thorough as responsible direction can make it. The observation of cases and their treatment is continuous, the daily detail exactly that requisite to be thoroughly known for daily practice, and the specific information as to the management of each case enlightened by practical experience.

The British Homœopathic Association, in distributing applications for such Resident Studentships, will make the necessary professional introductions, and undertake the proper financial provision fitting in each case.

Such a thorough grounding in the demands of actual daily practice cannot be too strongly advised, and when combined, where practicable, with a systematic course such as the Honyman-Gillespie Lectures, forms a very effective introduction to the personal responsibilities of homœopathic practice.

#### ADDITIONAL LECTURE COURSES.

Supplementary lecture courses are carried on by the British Homœopathic Association from time to time as is necessary.

## LECTURES ON HAHNEMANN'S "ORGANON."

A course of six lectures will be delivered on the *Organon* of Hahnemann by Dr. John H. Clarke, during January and February, 1909. The lecture course will be for qualified medical men and women and senior medical students; further particulars will be announced, and the synopsis published after Christmas. No fee is exigible for these lectures.

## LIBRARY FACILITIES.

## (1) CHALMERS HOUSE.

The British Homœopathic Association possesses a well-stocked library of classical homœopathic works at Chalmers House, and members of the medical profession or senior students can avail themselves of this collection of homœopathic books as a reference library. The hours are from 10 a.m. to 5 p.m. daily, excepting Saturdays and Sundays. The usual writing appointments are also provided.

## LENDING DEPARTMENT.

The library contains also a number of standard homœopathic works designated for lending purposes; a list of these may be obtained by any member of the medical profession or senior student on application to the Secretary. No fees are chargeable for volumes thus lent, provided renewal or return be made at the expiration of one month.

## (2) BRITISH HOMŒOPATHIC SOCIETY.

The British Homœopathic Society possesses an extensive and well-stocked library of homœopathic literature available for its members by way of reference or loan. Non-members of the society may also utilize this library for purposes of reference on application to the Secretary to the London Homœopathic Hospital.

(3) THE LIVERPOOL BRANCH OF THE BRITISH HOMŒOPATHIC SOCIETY.

A substantial library belonging to this branch is housed at the Liverpool Homœopathic Hospital, Hope Street. It contains many specimens of classic homœopathic literature, and applications for reference or loan may be made to the Secretary of the hospital.

TEXT-BOOKS FOR STUDY.

In order to anticipate the enquiries of students and graduates, we here append a list of the chief homœopathic works necessary for study in the principles and practice of homœopathy. Any of these can be obtained at the above-mentioned libraries, or new from any homœopathic chemist:

"The Organon of Hahnemann," "The Materia Medica Pura," "Clarke's Materia Medica," "Materia Medica Physiological and Applied," "Allen's Encyclopædia of Materia Medica," "Allen's Handbook of Materia Medica," Richard Hughes's "Principles and Practice of Homœopathy," Richard Hughes's "Pharmacodynamics," "Sharp's Tracts on Homœopathy," "Clarke's Prescriber," "The British Journal of Homœopathy," "The Homœopathic League Tracts," "Nash's Leaders in Homœopathic Therapeutics."

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## Correspondence.

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*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

SIRS,—There is always a keen joy in the sudden realization of dramatic points that one has previously missed, and I never, till your September number came to hand, quite realized the feelings of Balak, when the curses he had laboriously engineered poured forth on his bewildered ear a very ecstasy of blessing.

I had waded unsuspectingly through nearly six solid pages of sonorous cursing when the shock came, and I—gasped. For Balaam himself need not have been ashamed of the extravagant blessings that flash—the gleam here following the growl—from your sixth page. But I really must disclaim. It is my mother who bears the brunt of our part of the Scholarship Scheme. When I told her that I intended to send a young doctor every year to study homœopathy in the American schools, in memory of my father and of his work at the hospital, and because he had told me how greatly he desired that work to be carried on by some of his children, it was her gentle and prompt “*And I will send two more*” that set me thinking—dreaming—“scheming”—wondering whether, if one made a fierce appeal, showing the great difficulties in the way of homœopathy from without and from within; showing how imperative *systematic* training was, if homœopathy is to do more in the future than merely hold its own; wondering whether, if a start could be made, and a hospital committee appointed to work the thing, other people might not be glad to join in the movement, with donations—subscriptions—best of all, legacies to the London Homœopathic Hospital, these to be so worded that their interest should go to sending scholars to the American schools of homœopathy *until such a time as we get a charter for a school of homœopathy of our own, when the capital should go towards the endowment of that school.* I have been accused of the most dreadful dishonesty in the matter of ideas; but the whole thing belongs to my mother, and to the talk we had in the dusk that Sunday evening. It was not properly a scheme at all; it was an inspiration.



But curses like those of your Reviewer are merely blessings in disguise ; for no one will travel far by land or sea, or even down a printed page, to see a fellow-creature patted on the back with fulsome compliment ; that sort of thing is insipid at the best—has been overdone—does not “draw.” But crowds will flock delightedly, any day, to see a man thrust his head into a lion’s mouth, or to contemplate the spectacle of a fellow mortal who—

“ By printing his ecstatic fits,  
Into the public’s mouth his head commits,”

only to get it, as he deserves, crunched ; and, of course, *the way of all ways to advertise a scheme, and to insure its being talked about, is to vigorously belabour both it and its author.* Therefore, gentlemen, I am more grateful than I can say for the way in which our homœopathic organs have received *this scheme for the ultimate establishment of homœopathy in this country.* I think they have assured for it interest and discussion.

But on the other hand, I must protest, and that vehemently, against the tone of your anonymous Reviewer, when he speaks of the possibilities of homœopathy in the treatment of disease. It is just this tone, and the style of work which it suggests, that caused me to write that “the worst foes of homœopathy were too often those of her own household.” I have no faintest suspicion of the identity of your Reviewer : probably his deeds are far greater than his pretensions ; but if homœopathy is such a poor thing as his modesty would make out, is it worth fighting for at all ? Now I myself am what the Americans call “a poor prescriber,” for I started late, started badly, and have had to struggle through with very little help ; but I have seen and do see the homœopathic miracle work often enough to know that when, early in acute disease, I do not get brilliant and almost instantaneous results, it is my own fault—the fault of my want of knowledge, want of judgment, want of skill, patience, research, and *not* the fault of homœopathy ; while in chronic conditions, more difficult and tedious though they be, there can be no two opinions about the fact that homœopathy has immense and ever-widening possibilities *in the hands of a master.* With this knowledge, this certainty, ever before me, it has been and is my one desire and aim to

help and to stimulate others to do better work than I can ever hope to do ; and I have a sort of dim suspicion that this may be, perhaps, the greatest—because the most wide-reaching—work of all.

To one who has learnt his homœopathy long ago and is content merely to practise, while he imperceptibly slips away into routine and forgetfulness, disillusion and disenchantment are bound to come, and to grow with the years that lengthen out between himself and his earlier days of faith and hope and effort. He gets to rely on authority, on previous experience that narrows ever, and fails him more and more ; he learns to expect and to be contented with little things, and to prefer therapeutics to *materia medica*. But to anyone who is vowed to remain a learner all his days, vowed to never lie down to sleep at night till he has glanced through a drug not lately re-read, or not well known, enthusiasm will only grow with every year of wider knowledge and brighter experiences ; last night's drug will again and again jump at him in to-day's patient, where he must otherwise have missed it, to give him a fresh triumph, and a lesson in his art that he had else foregone for ever. For him the future widens and brightens, and enthusiasm can never die of inanition. Where such a vast and comprehensive science as homœopathy is concerned, with new possibilities daily from all sources, mineral, chemical, animal, reptile, plant, and even disease, there are positively no limits but those of endeavour, patience, time and life, to what may be done by the exponent of scientific medicine. Therefore a man who has to confess to lost illusions, lost enthusiasm, lost faith, lost hope, stands merely, in the eyes of those who *know*, self-condemned.

But your Reviewer, after rounding up his curses with a blessing, rounds up his blessing with exhortation to sympathy, to breadth of outlook, to union. But if by sympathy a sort of mutual admiration and mutual toleration society is meant, has not there been almost enough of that in all the years ? and is it not time to extend a little sympathy to, say, the younger men who, coming to us for bread, get their teeth endangered on—something that requires to be potentized before it is capable of assimilation ? Is it not time to help them a little, and train them and inspire them, and set them in the right

way, and start them forth in every direction, to carry practical sympathy far and wide to sick and suffering humanity; well equipped with the most powerful means ever yet given to man for the healing of the nations? Is not sympathy better placed with those who struggle and aspire, and with those who suffer, than with those who sit at ease, wrapped in sublime unconsciousness that all is not well?

As to union, great ideas and great aims can alone permanently unite men in a common worthy cause; societies and associations may even draw and keep them apart, meshed in little silly political cliques. Union will come just so soon as we all realize our true object and the means to its attainment; there is no need to fuss about solemnly binding and banding ourselves, and glaring at other people who do not see any advantage in skirmishing in our uniform. We have got to understand, I take it, that we shall never make any real headway in the country till we have a first-class school of homœopathy in London; and that is impossible unless in conjunction with an adequate hospital, without which no medical school can exist. My father, with the clear outlook of the single eye and the practical mind, saw that the essential and indispensable thing for homœopathy was the hospital, and that on that only, as a sure foundation, could success and a great future be upbuilt; and therefore he never swerved from his loyalty or from his purpose in regard to it. While others were "talking big" and clamouring for money for a dozen little laudable objects, most of them worthy, and all of them utterly inadequate for any great result, he went quietly to work to get his first £12,000, and so cleared the hospital of debt; and then he carried through, in one year, his great extension fund of £30,000, and by so doing swept away the first great difficulty that barred the way of progress. The work now devolves on us, and has got to be carried through on the clear lines already laid down. We need waste no energy fussing round in little futile ways; we have just got to make up our minds as to what we want and *to get it*. Homœopathy can do without societies and associations; they may have their day and cease to be, and a shrug of the shoulder is all that will follow them. They depend too much on the character and aims of the men who, at any moment, may happen

to compose them, or to wire-pull them. But what homœopathy cannot do without is : (1) its *hospital* ; (2) *men trained in homœopathy*, and plenty of them, in order to attain what we must have, if we are to earn our right to be and our power to conquer ; viz., (3) such results as only homœopathy (in the hands of brilliant exponents) can show.

Yours faithfully,

M. L. TYLER.

*Linden House, Highgate Road,  
September 17, 1908.*

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*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRs,—The enthusiasm displayed by Dr. Margaret Tyler on behalf of the Cause is worthy of all praise, but the method of her propaganda is open to discussion. Her argument resolves itself into a general disparagement of the homœopathic training that is possible at home and the exaltation of that obtainable in America. A comparison of the two is very invidious and is to be deprecated. We may admit without hesitation that systematic training in class in the purely homœopathic colleges has advantages where the students receive their whole medical education from their matriculation to their obtaining their degree—a training which, if restricted to merely homœopathic therapeutics, must, however, leave them sadly deficient in resources to meet all the exigencies of actual practice.

In this country we have always insisted on the whole of therapeutics, allopathic and homœopathic, being taught so that practitioners making choice of the homœopathic method will do so with their eyes open and have a reason for the faith that is in them.

Now, in the case before us, it is proposed to take legally qualified men in this country and help them in some way to supplement their allopathic training with a knowledge of homœopathy. Is it likely that qualified men will be willing to go to college again, as pupils, to learn homœopathy either at home or in America ? I trow not. They will do as we all have done in this country : *i.e.*, they will read up homœopathic

therapeutics and try it for themselves, either in private practice or in some dispensary or hospital, and in this way acquire a conviction of its truth and confidence in the small doses.

Dr. Tyler throws contempt on self-training, but one may ask where did Hering, Lippe, Dunham, Drysdale and Dudgeon get their training? Certainly not at any homœopathic college. They studied their *materia medica* and practised it, and conviction and confidence followed. But it may be observed they were fully qualified practitioners before homœopathy came their way, and so were able to experiment and observe for themselves. They were all self-trained men, and founded schools and colleges for others *in statu pupillari*. The men it is proposed to assist by grants will not be *in statu pupillari*; they will be fully qualified practitioners, and are not likely to submit to what to them would be the humiliation of going to school again with a lot of students. No, as before said, they will do as we all have done in this country: they will learn their homœopathy by personal experience, for in no other way can an allopathic graduate attain to conviction of its truth. Lectures may come in useful afterwards, but no one was ever convinced of the truth of our law by lectures, or even by reading homœopathic books. Travelling scholarships are useful in enlarging the homœopathic mind, but only when a firm conviction of the truth has been arrived at.

Our literature and institutions are open to all enquirers, and can anyone say they are inferior to those of other countries? Americans themselves have expressed their high opinions of the soundness and sanity of British homœopathy. There are extremists who have rather added difficulties to than facilitated the reception of homœopathy, but the sound and scientific character of British homœopathy is generally conceded. Consequently it may be fairly claimed that it is entitled to respect, inasmuch as wide divergencies of opinion are admitted, and the free development of thought and practice is allowed. America may be said to be the home of the C.M.s and the D.M.s, and I should judge that Dr. Tyler's predilections are in this direction. But this is not by any means the case with all American homœopaths. For instance,

in an excellent little treatise on diseases of the liver, pancreas, and ductless glands by Dr. A. L. Blackwood, of the Hahnemann Medical College of Chicago, the college mentioned for special approbation by Dr. Tyler, we find at page 13 the following recommended for acute congestion of the liver: *merc. dulc.* 2x., *podophyllin* 2x., *hydrastis* 1x., *nux vom.*, *leptandrin* 3x., *iris vers.* 3x., *chelidon*, *berberis*, *euonymus* and *claterium*. "Other remedies that may be studied when fever is present are *aconite*, *bellad.*, *bryonia alba*, and *veratrum viride*." This will be regarded generally as good treatment, but it is surely not necessary to cross the Atlantic to acquire that knowledge. If, however, the enquirer wishes to study the literature of high-dilution homœopathy, this also can be had at home. For these reasons it would seem that the proposal to send already qualified practitioners to America to learn homœopathy is not likely to be responded to, and if responded to would not be more of a success than if the knowledge were acquired at our own institutions.

It seems more likely that the grants would be better applied in assisting the young practitioner to start in practice, but how that may best be done it is not my intention at present to consider. There will doubtless be suggestions to the point from others, as appears probable from the addendum which follows from Dr. Hayward.

September 20, 1908

P. PROCTOR.

P.S.—BY DR. HAYWARD.

I quite agree with what Dr. Proctor has advanced in the above paper; but as I would like to advocate the general employment of Visiting Stipendiaries at all our dispensaries, I will defer further remarks to a future Review.

JOHN W. HAYWARD.

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To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

GENTLEMEN,—It is surely a regrettable indication of the temper of the Homœopathic fraternity in Britain that any of its members can be found capable of adversely criticizing the enthusiasm of the British Homœopathic Association as regards its aggressive policy. Everyone who truly studies

the present state of matters must conclude that apathy is inexcusable, and that a critical juncture in our history has arrived when concerted action must be taken to disabuse the popular mind of prevailing errors and to re-state the whole position. That misapprehension *does* exist may be gathered from the fact that Dr. Dudgeon once wrote to several hundreds of physicians in this country asking them to define briefly their individual opinion of the theory of homœopathy, and that in 92 per cent. of the replies returned the evidences of a clear conception of the subject were *absent*. Our daily intercourse with the world confirms our fear concerning the erroneous conceptions entertained by the general public of the true genius and worth of Hahnemann's character and doctrines. It is, I think, incumbent upon us who have studied and carried these doctrines into actual practice to explain and confirm the facts concerning them to all who are inexperienced, as well as to convey the knowledge we have gained by study and observation, so as, if possible, to correct flagrant errors, and to encourage our medical colleagues to investigate the new therapeutic methods. Our acquaintance with the experiences which attended our first endeavours to treat disease on rational lines encourages the belief that there exist in the ranks of medical men numbers of ingenuous students who need only personal acquaintance with the advantages we enjoy to utilize and profit by them in daily practice, at present hidden from them by prejudice or want of knowledge.

Professor Osler is the exponent of wide-spread conviction when he says: "Patients are more often damaged than helped by the promiscuous drugging which is still too prevalent." He is the best doctor who knows the worthlessness of most prescribing; hence the conviction in the minds of all who are interested in the health of the community that the time has come when the lay public will look after its own interests in respect to health, as well as hygiene, recreation, and education. The aspiration now is for a higher standard of life, more leisure, more culture, shorter hours of labour, healthier dwellings, more refined and elevating influences among the artisan classes, &c. The British Homœopathic Association has earned the gratitude of the social reformer in diffusing a knowledge of "what homœopathy consists

in " and " what it can accomplish " by publication of selected pamphlets on the subject, and by urging and encouraging union in our ranks. It is a distinct advantage to any cause to combine diverse talents and influences in the promotion of new activities for making known to the world the momentous truths with which it is charged.

There can scarcely be any objection raised against enthusiasm in a good cause. The work of the Association includes projects which are dear to every true disciple of Hahnemann: *e.g.*, encouragement of cottage hospitals in greater number throughout the country; diffusing the knowledge of what homœopathy really is; endeavouring to secure post-graduate students at the most receptive crisis in their career, educating them in the essential facts and affording facilities for clinical teaching; carrying out thorough provings of drugs on homœopathic lines, and instituting travelling scholarships for special study in American and Continental schools. This last expedient has resulted in the introduction into our ranks of very intelligent and active workers for the cause, occupying positions of great influence and importance. If we are to hold our own it is imperative that recruits should be obtained, as we know, to our sorrow, the difficulty there is in securing competent men to fill positions which are too often becoming vacant through the falling out of older men from our ranks.

Birkdale,

September 4, 1908.

Yours faithfully,

THOMAS SIMPSON.

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### Therapeutic Digest.

RENAL PAINFUL POINTS.—As an aid in the diagnosis of renal diseases, Dr. Pasteur emphasizes the importance of certain points which are painful on pressure. They are as follows:—

(1) The costo-vertebral point, situated at the apex of the angle formed by the last rib and the external border of the vertebral column. This is met with in nearly all cases of painful kidney, whether due to retention or infection.



(2) The costo-muscular point, situated at the angle formed by the last rib and the external border of the mass of lumbar muscles. This is found less frequently present than the preceding.

(3) The subcostal point, situated in front, just below the costal border, a little in front of the anterior extremity of the tenth rib. It is very plain on the left side, but on the right may be mistaken for the painful spot corresponding to an inflamed gall-bladder. It is frequently found, but less so than the two preceding points.

(4) The para-umbilical point or the superior ureteral point, situated on the anterior abdominal wall at the intersection of a horizontal line passing through the umbilicus, and a vertical line passing through MacBurney's point, or sometimes a little inside this towards the umbilicus. The pain caused by pressure at this point sometimes extends towards the bladder and is accompanied by a desire to pass water. This indicates that the pelvis of the kidney is affected, and is called the pyelo-vesical reflex. It is of rare occurrence.

(5) The mid-ureteral point, situated at the point of intersection of a horizontal line passing through the anterior, superior, iliac spinous processes, and a vertical line passing through the spine of the pubes. Pressure at this point is exerted on the ureter as it lies on the iliac vessels and is about to enter the pelvis, and when pain is elicited it shows that the ureter is sensitive and is a sign of renal disease. It is frequently found in renal affections with retention, and especially in renal tuberculosis.

(6) The vesico-vaginal or vesico-rectal point, found by pressure with the finger in the rectum or vagina on the vesical portion of the ureter and the corresponding part of the bladder. It is present in most cases in which there is an infected or painful kidney in a state of tension, and is useful as an aid to diagnose which is the affected kidney when the complaint is unilateral. If cystitis accompanies the kidney affection, pressure on the vesico-vaginal point often causes an urgent desire to pass water—a uretero-vesical reflex.

(7) The anterior superior spine point situated just above and inside the anterior superior spinous process. This is at the point of emergence of the external cutaneous nerve. It

is the most constantly present of all the renal points. To find it one must, so to say, twist the iliac spine as though one wished to hook it with the end of the index finger. The kidney which is the most affected always corresponds to the side on which this point is most painful.

(8) The inguinal point, situated at the external orifice of the inguinal canal (external abdominal ring). This is less frequently met with than the preceding point, but is always present when the latter is very well marked.

(9) The lateral supra-iliac point, situated on the lateral wall of the abdomen, at the level of the iliac crest or slightly above, a little in front of the middle of the crest, and at the point of emergence of the perforating branch of the last intercostal or first lumbar nerve. It is less important than the others, and its site is not absolutely constant. The first six points are painful from direct pressure over the diseased organs, kidney or ureter; the last three points are painful reflexly, and are over nerves which take their origin in the spinal cord in the same section of the cord whence the nerves arise which supply the kidney and ureter.—*L'Art Médical. Extrait des Comptes rendus de l'Association Française d'urologie, onzième session, Paris, 1907.*

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### Reviews of Books.

*A Text-book of Clinical Medicine. Treatment.* By Clarence Bartlett, M.D., Professor of Medical Diagnosis and Clinical Medicine in the Hahnemann Medical College of Philadelphia, Visiting Physician to the Hahnemann Hospital. 1,223 pages. Cloth, one volume, \$8.00. Half morocco, two volumes \$10.00. Book expressage extra. Philadelphia: Boericke and Tafel, 1908.

THE second volume of Dr. Bartlett's *magnum opus* on Clinical Medicine has reached us. It will be remembered that the first volume treated of diagnosis and pathology. This second volume is taken up entirely with treatment. It is a large book, containing 1,223 pages, and measuring in its cover

10 in. by 7 in., and  $2\frac{1}{2}$  in. in thickness. It is also a heavy book, weighing 6 lbs. 2 oz., a fair average for a second twin. We acknowledge to having approached the task of attempting to digest its contents with a good deal of trepidation. The fear has been justified: it is a tough meal for a homœopath's stomach.

We think we should begin the consideration of this volume by quoting from the author's preface a passage as to his aim:—

"When this work was planned, it was with the idea of making its therapeutic basis homœopathic, and this idea has been kept in mind from cover to cover. While the homœopathic application of drugs is unquestionably the best in its results, we must bear in mind that medicines may be required for their palliative or mechanical effects; and this fact has likewise been kept in mind by the author. Physicians must know the palliative and physiological action of drugs, not only that they may use them when indicated, but also to avoid them when they are entirely out of place. Just as drugs may be required for their mechanical or physiological action in internal diseases, so may surgery itself be indicated. The author has endeavoured to make clear the line where medical treatment ends and surgical interference begins . . . . Considerable attention has been devoted to the non-medicinal or adjuvant details of treatment." Later on in the preface he says: "It has been the author's ambition to prepare a text-book on treatment that shall cover the domain of general medical practice." It will be seen from these quotations that Dr. Bartlett has set himself no light task. There are thirty-two chapters, the first being on the treatment of fevers and the infections, the second on constitutional diseases; then follow animal parasites, intoxications, the effects of heat and cold, the organs and systems of the body in order; and, finally, chapters on hydrotherapy, X-ray treatment, disinfection, and the opsonic method of treatment. The treatment in each section is in two parts; first the prophylactic, hygienic, and adjuvant; and secondly, the medicinal. The medicinal treatment is divided into palliative and curative or homœopathic. For an author who planned this work with "the idea of making its therapeutic basis homœopathic," the relative amount of space devoted to homœopathic therapeutics is

small. In typhoid fever, for instance, the prophylactic, hygienic, and adjuvant treatment occupies eleven pages, the consideration of homœopathic drugs four and a half. In ulcer of the stomach one page is devoted to homœopathic therapeutics, while other methods of treatment take up seven and a half pages. In most of the sections these proportions obtain, while in some there is scarcely any homœopathic treatment mentioned. With regard to the adjuvant and hygienic part of the subject we may say at once that we consider it, generally speaking, very well done. Many useful hints are given as to the general management of the patient; directions are clear and to the point; any minor surgical procedures are plainly and sufficiently described; advice as to food and drink is sound and sensible, and fads are courageously condemned. As an instance of this last we quote the following: "Of late years there has sprung up a business which has enriched the pockets of manufacturers, and impoverished the digestive powers of many of the best men of the land. Is it necessary to say that I refer to the breakfast foods? Yet that is just what I mean. These various substances have been manufactured and advertised without number. Their wonderful (?) nutritive virtues, especially their brain and muscle-producing qualities, are extolled, and yet what are they? Trash of the worst kind" (p. 320).

There are a few pieces of advice in the extra-medical part which we should not feel inclined to take, as when Dr. Bartlett says: "Physicians and nurses in attendance upon diphtheria patients, as well as the entire household, should have immunizing doses of antitoxin administered to them" (p. 109). The following also seems open to objection: "The patient may prepare himself for the introduction of the stomach tube by manipulating his pharynx and fauces with his fingers or the handle of a tooth brush, thus accommodating it to the presence of a foreign body" (p. 332). And Dr. Bartlett's zeal for surgical procedures outruns our own when he lays it down that in cases of hæmatemesis "every case with a recurrence ought to be operated [*sic*]. If a third hæmorrhage takes place, the physician is guilty of reprehensible conduct if he does not insist upon turning the case over to the surgeon" (p. 352). Yet on the previous page he had written:

"Approximately 95 per cent. of cases of hæmatemesis will yield to the medical measures above described" (p. 351). Nor can we endorse this: "I cannot express myself too strongly concerning the value of exploratory incision as a routine procedure in *all* [italics Dr. Bartlett's] cases of severe head injury, even though the objective examination shows no sign of fracture. Exploratory incision in head injuries has been a routine treatment for a number of years in the Hahnemann Hospital. As a result we have come across many cases which would have died or ended in hopeless invalidism had unwise conservatism been our rule" (p. 827). The wisdom or unwisdom of conservatism must depend on the circumstances in each individual case. We cannot think it wise to explore the cranial cavity "in *all* cases of severe head injury, even though the objective examination shows no sign of fracture." Surely a homœopath should have sufficient faith in his drugs to think they may be able to render surgical interference unnecessary in some of these cases. Still, notwithstanding some passages like the above, we can recommend this part of the subject, the adjuvant and hygienic part, to our readers, as affording many useful hints for the management of the patient. We cannot say the same for the medicinal treatment. The author's homœopathy is his weakest point. In many places it is made to take a place quite secondary to palliative or allopathic treatment. Resort to palliatives is constantly advised, and especially to *morphia*. For instance, in writing of enteralgia he says: "For the pain itself there is nothing that will take the place of opiates, especially *morphia* and *codeia*." "I have always used *morphia*" (p. 434). He afterwards gives a list with more or less crude indications for the homœopathic drugs which may be used in this complaint, between the paroxysms, but evidently has no expectation that they will be of any use in an attack of pain.

A similar disbelief in the efficacy of homœopathic treatment constantly appears. This is how he speaks of the treatment of dry irritating coughs: "*Rumex crispus* enjoys an excellent reputation in the treatment of those cases in which the cough is dry and harassing. . . . My success with this remedy has been disappointing. Indeed, I might say that no remedy has been of avail excepting those of palliative

character. For many years *codeine* was the drug in common use for bringing relief. Since *heroin* has come into use I have prescribed it as a means of relief with great satisfaction. It is best given in doses ranging from  $\frac{1}{10}$  to  $\frac{1}{8}$  grain, not oftener than once in four hours," and so on. . . . "The insufficiency of remedies for dry cough is attested by the number suggested for its cure, including *hyoscyamus*, *sticta*, *scilla*, *belladonna*, and *lachesis*" (p. 563). No doubt these dry coughs must be prescribed for with care, and each case individualized. Dr. Bartlett's method has apparently been to try one remedy, *rumex*, which is useful in some cases, and has in consequence acquired some little reputation ; and because he has not met with success (since in the cases he tried it for it was not the *simile*), he has thrown over all attempts at finding the remedy really homœopathic to the case, and has fallen back on *codeine* and *heroin*. Any allopath would do as much. Allopaths are seldom averse to experimenting with a homœopathic medicine which has acquired a reputation in a particular disease. They give it in crude doses to all cases that come, and finding but little success fall back again on their accustomed palliatives.

No homœopath who wishes to know what to do medicinally for any disease in the neighbourhood of the rectum need consult Dr. Bartlett's book. This is a part of the body on which, apparently, he believes drugs to have no action. The section on the treatment of diseases of the rectum occupies 19 pages, and includes rectal abscess, fæcal impaction, anal fissure, ano-rectal fistula, rectal prolapse, proctitis, tubercular ulceration, pruritus ani, neoplasms, hæmorrhoids external and internal. For these conditions all kinds of local applications and surgical treatment are recommended, but not one drug !

Of incontinence of urine he writes : "the treatment is rather discouraging." He gives some hygienic directions and adds : "Among the internal remedies are *belladonna*, *causticum*, *cantharis*, *rhus tox.*, and *strychnine*" (p. 763). No guidance is given with regard to the conditions calling for one or the other of these medicines ; one is left to try them at random. No wonder "treatment is rather discouraging."

In fact, Dr. Bartlett does not seem at home with homœopathic treatment ; he appears to have but little confidence in it ; it is useful, perhaps, to have it as something additional to try

when other remedies fail, but his heart is not in it. He is more at his ease treating rheumatic fever with *salicylates*, and malaria with *quinine*. In the chapter on rheumatic fever and under the heading "specific treatment" he writes: "To sum up, the preparations to be used in a case of rheumatic fever should be *sodium salicylate*, *salicin*, or *aspirin*. Whichever is selected should be administered with proper precautions. Twenty grains should be administered every two hours until pain is relieved, or tinnitus is manifested. Then the intervals between doses should be lengthened to four hours. This dosage may be continued until the temperature is reduced to the normal, when three times a day will be found, as a rule, sufficiently often to maintain the good effects already gained" (p. 104). He afterwards, under the heading "general medicinal treatment," gives some homœopathic medicines with their indications, but *salicylate of soda*, 20 grains every two hours, is evidently the drug to rely on. Of *quinine* he writes: "The efficient remedy for practically all cases of malaria is *quinine*, which should be administered in the form of the sulphate or the muriate. There are physicians who contend that *quinine* is not a specific in malaria, but their conclusion is based on improper premisses. If they would but investigate their cases thoroughly they would be forced to agree with the majority of the profession that the failure of a supposed malarial fever to yield to *quinine* proves that the diagnosis was not correct" (p. 137). Of course, if the definition of malarial fever is to be "a fever that yields to quinine," the above statement cannot be disputed, otherwise it is both incorrect and arrogant. Further on, Dr. Bartlett inconsequently adds: "For the benefit of those who have had failures with *quinine*, the following therapeutic suggestions are presented" (p. 139), and then follow, with indications, drugs like *arsenicum*, *eupatorium*, *ipêcac.* &c. We would ask, "Suggestions for what?" It cannot be for the treatment of malaria, surely? In the section on the treatment of pulmonary tuberculosis there are some strange directions for a homœopath to give. For cough, *terpin*, *heroin*, and *codeia* are given, as well as *morphia*. *Hyoscyamus*, *conium*, and *laurocerasus* are mentioned on Jousset's authority, but without any endorsement by the author. With regard to the fever he writes: "In several cases

it has seemed to me that the patient's general condition was greatly improved by the administration of *antifebrin*, in doses of 5 grains about one hour before the time for the usual appearance of the fever" (p. 195). For night sweats he says: "we may employ as palliatives *sulphonal*, *atropia*, *agaricine*, *camphoric acid*, and *picrotoxine*. . . . I have used *sulphonal* in doses of 7 grains every other night with very satisfactory results in several cases" (p. 195). He mentions with approval a formula, "thirty minims of which are to be injected hypodermically each day beneath the skin between the scapula" (p. 197). The formula consists of: iodine gr.  $\frac{1}{2}$ , bromine gr.  $\frac{1}{4}$ , phosphorus gr.  $\frac{1}{100}$ , thymol gr.  $\frac{1}{8}$ , menthol gr.  $\frac{1}{8}$ , sterilized olive oil, 3i. This is not even good allopathy. Tuberculin injections, Koch's T. R. in doses of .001 milligramme, are mentioned with approval, but no mention is made of tuberculin in high dilution given by the mouth.

The treatment of chlorosis is very unsatisfactory from a homœopathic standpoint; it is recommended that at first *ferrum redactum* ix, or in crude substance should be given, and if improvement is not prompt we should give larger and larger doses, when "the iron is best administered in the form of Blaud's pill, the dose of which may be increased to as many as fifteen pills daily with no result other than good" (p. 772). It is added, however, that iron must not be regarded as an infallible remedy in chlorosis, and *pulsatilla*, *graphites*, *ignatia*, *platinum*, *helonias*, and *cyclamen* are given as alternative remedies. No mention is made of *arsenicum*, *calcarea*, *phosphorus*, or *natrum muriaticum*. We note in connection with the last-mentioned drug, *natrum muriaticum*, that we cannot find it recommended for any disease; as far as we can discover, its name does not appear between the covers of the book. This, we suppose, is due to a disbelief by the author in the therapeutic efficacy of any potency higher than the sixth decimal. It is rare that any guide to potency is given, but when it is the mother tincture or crude substance and the first three decimal triturations or solutions are almost invariably recommended. We note an instance in which *lachesis* 30 is recommended for pharyngitis (p. 303). This is quite an exception. *Lachesis*, *carbo veg.*, *sepia*, *silica*, and other drugs which most of us use in high potency, are often mentioned,



but never with any indication of the potency in which they should be used. Judging from the general tenour of the book, we should think that the sixth trituration is the highest potency of these drugs that Dr. Bartlett would consider of any use. The sections are, as one might expect, unequal with regard to the attention given to homœopathic treatment. We have already observed that the section on diseases of the rectum has no homœopathic treatment at all. On the other hand, the sections of typhoid fever, heart complaints, and diseases of the nervous system have a full list of drugs with fairly minute indications for their homœopathic use. Indeed, the treatment of these three sections, palliative, adjuvant, and homœopathic, is above the average, and leaves little to complain of except the tendency, always observed, to slide off into allopathy; as when for epilepsy *borax* is recommended in fifteen-grain doses three times a day, and for malarial nervous cases Fowler's solution, "beginning with the minimum dose of 3 drops three times a day, and increasing the dose by 3 drops each day, until the physiological effects of the drug, pigmentation of the skin, gastric irritability and œdema of the eyelids are produced" (p. 816). In the section on gastric hæmorrhage we read; "When the stomach is irritable and the resultant retching or vomiting tends to perpetuate the hæmorrhage, the principle of rest should be enforced by the hypodermic injection of  $\frac{1}{4}$  grain of *morphia*. This puts the stomach in a splint, so to speak" (p. 350). The *morphia* splint seems a favourite instrument of the author, for we read with regard to intestinal hæmorrhage: "In the case of bleeding from an inaccessible point in the intestines one can apply the principles (mechanical) in but an incomplete way. We have as one indication for fulfilment the splinting of the intestines. This may be best secured by the administration of *opium*" (p. 428).

It is not surprising that many drugs are omitted, in the treatment of the different diseases, which we have been accustomed to use. This is inevitable; no lists could possibly be complete. Still, it is rather startling to find *baptisia* and *arsen. iod.* omitted in the treatment of influenza, *chamomilla* and *staphisagria* in facial neuralgia, *aconite* and *ferrum picricum* in boils of the auditory meatus, *arsenicum* and *bryonia*

in vomiting, *natrum muriaticum*, *calc. carb.* and *arsenicum* in chlorosis, and many other equally important omissions.

We think we have already said enough for our readers to be able to take the measure of the book and to gauge the value of its homœopathy. The homœopathy is of the elementary sort which makes use only of tangible doses, and concerns itself only with the broadest and most general indications. No allopath could possibly take offence at it, it is so like his own practice, and he will no doubt be glad to have an additional list of drugs in his armamentarium, with a tip or two as to when they ought to be used. He need not believe in any homœopathic law, but can use the drugs quite empirically. In fact, the book is just such a book on treatment as we may expect an allopath to write when a few more years have passed, and some more of our medicines have been rediscovered by the orthodox school.

At the same time we must in justice admit the extreme difficulty of writing a satisfactory book on homœopathic treatment on the lines chosen by Dr. Bartlett. When we consider that any drug may be suitable to any disease, if only the symptoms of each correspond to one another, we must acknowledge that the only right way to approach the treatment of disease is to first acquire a thorough and minute knowledge of the action of drugs, and then to apply this knowledge to find the correspondence between the symptoms of the disease and the suitable drug. The key to successful treatment is a sound knowledge of *materia medica*. Without this, treatment must be more or less empirical, for without this it is not possible to apply the only law, the law of *similia similibus*, which has been found to work for the cure of disease in the majority of cases. The book is nicely got up, printed in clear type on good paper, and generally well written, though there are a few peculiar expressions, such as "none of them are *overly* enthusiastic" (p. 227); there is *considerable to fortify* this view" (p. 234); "*illy*-nourished" (p. 318). There are also a few mistakes in spelling, one of which gives a ludicrous turn to a passage: "I have obtained very satisfactory results in chronic joint involvement (gonorrhœal), by *strapping* the prostate and seminal vesicles every few days" (p. 754). For "strapping" should evidently be read stripping. These

blemishes are, however, few for so large a work, and these are probably due to hurried proof-reading. We consider Dr. Bartlett's book an excellent text-book on treatment for the students of a *allopathic* college.

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### Notices, Reports, &c.

#### BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS and Donations received from August 15 to September 14, 1908.

GENERAL FUND.						Subscription.
Mr. W. Wilkinson	...	...	...	...	...	£0 10 6
COMPTON BURNETT FUND.						Donation.
Colonel T. Myles Sandys, M.P. (per Mrs. Helen Clarke)	...	...	...	...	...	£50 0 0
PROPAGANDISM.						Donation.
J. Carlton Stitt, Esq., J.P.	...	...	...	...	...	£2 2 0

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#### NORTHERN COUNTIES' THERAPEUTIC ASSOCIATION.

THE second meeting was held at Harrogate on Thursday, July 9. Eight members were present, including two new members: Dr. Roberts, of Harrogate, and Dr. Steel, of Middlesbrough. Dr. Mahony, of Liverpool, was present as a guest.

Dr. Ridpath gave a thoughtful and interesting paper on "The Foundations of Therapeutic Science." He reviewed the various schools of medicine which have appeared from time to time, and showed that Hahnemann's teaching of *similia similibus curantur* was the only enduring one.

The discussion which followed as to the dose, potency, and frequency of repetition was most instructive, as all schools of practice seemed to be represented. Notwithstanding this, perfect amicability and tolerance were manifested throughout the whole evening.

Dr. Margaret Tyler's scheme for the propagation of homœopathy in Great Britain—which is a scheme for sending out capable young graduates to study in the homœopathic schools of the United States as travelling scholars, one of the terms of holding such scholarships being that on his return the scholar must take up a resident post at one of our British hospitals—was discussed, and the following resolution passed: "That the best thanks of this meeting of the Northern Counties' Therapeutic Association be tendered to Dr. Tyler for the scheme which she has originated for the propagation of homœopathy in this country, and which we have just heard."

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#### LONDON HOMŒOPATHIC HOSPITAL.

LORD CAWDOR, Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received £450 from Lady Tyler and Dr. Margaret Tyler for the three "Sir Henry Tyler Scholarships," offered to fully qualified medical men desirous of studying homœopathy in the schools of America; and the three first scholars are starting immediately for Chicago.

A fourth scholarship (of £150) is now offered in connection with the London Homœopathic Hospital, for which applications should at once be made, as the schools open in October.

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## NOTICE TO CORRESPONDENTS.

\*.\* *We cannot undertake to return rejected manuscripts.*

**All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.**

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. MCLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30 a.m.; Out-patients, 2 p.m. daily); SURGICAL, Out-patients, Mondays, 2 p.m., and Saturdays, 9 a.m.; Thursdays and Fridays, 10 a.m.; Diseases of Women, Out-patients, Tuesdays, Wednesdays, and Fridays, 2 p.m.; Diseases of Skin, Thursdays, 2 p.m.; Diseases of the Eye, Mondays and Thursdays, 2 p.m.; Diseases of the Throat and Ear, Wednesdays, 2 p.m., Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9 a.m.; Diseases of the Nervous System, Thursdays, 2 p.m.; Operations, Tuesdays and Fridays, 2.30 p.m.; Electrical Cases, Wednesdays, 9 a.m.

Contributors of papers who wish to have reprints are requested to communicate with the Publishers, Messrs. BALE, SONS AND DANIELSSON, LTD., who will make the necessary arrangements. Should the Publishers receive no such request by the date of the publication of the REVIEW, the type will be broken up.

All books for Review should be sent to the Publishers.

Papers and Dispensary Reports should be sent to Dr. MCLACHLAN, 3, Keble Road, Oxford.

Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from Dr. BURFORD (London), Dr. WYNNE THOMAS, Dr. J. MURRAY MOORE (Leamington Spa), Dr. EDMUND HUGHES (Liverpool), Dr. DYCE BROWN (London), Dr. WM. F. HAYES, (Leeds), Dr. J. H. CLARKE (London), Dr. GALLEY BLACKLEY (London), Dr. E. CRONIN LOWE (Southport), Dr. PULLAR, Dr. BERRIDGE (London).

## BOOKS AND PERIODICALS RECEIVED.

*St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate.*

# THE BRITISH HOMOEOPATHIC REVIEW.

NOVEMBER, 1908.

## Editorial Notes and News.

\*.\* The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

**"Campto-  
dactylia."** THIS is a name given by Professor Landouzy, of the Hôpital Laënnec, to a condition affecting the terminal phalanges of the fingers. They are flexed upon the middle phalanges, which in turn are flexed upon the proximal phalanges. The deformity affects the little and ring fingers chiefly, and the permanent crook of these digits sums up the whole disease. On account of the incurvation they cannot be folded into the palm, nor placed flat upon a plane surface. According to Landouzy, those who present the symptom are "arthritic," and in their pathological history will be found a proneness to congestions, epistaxis, marginal erythema, and, in women, painful and excessive menstruation. The deformity is pathognomonic of "arthritis," a sort of "organic stigma." It is more common in women than in men, as is the case also with biliary lithiasis, mitral stenosis, and obesity. It differs from Dupuytren's contraction in that the palmar fascia is quite free, the hollow of the hand is not affected, the skin is smooth and without the least fissure. Moreover, Dupuytren's contraction is rare in women, whereas the reverse is the case with "camptodactylia," though in both cases the ring and little fingers are chiefly affected.

\* \* \* \*

**Premenstrual Pain.**

THIS we used to associate with the "appendage form of dysmenorrhœa"; the other classical signs of this condition being pelvic pain at all times, and not only at the period, profuse menstruation, sterility, and dyspareunia. Its commonest cause was gonorrhœa, contracted shortly after marriage, from "latent" gonorrhœa in the husband. We have come to recognize, however, that there are other possible causes of "premenstrual pain." Dr. M. G. Riebold speaks of "recurrent rheumatoid fever of menstruation." This morbid condition is found chiefly among virgins, and consists in premenstrual attacks of fever accompanied by rheumatic manifestations of a more or less intense character, but without any definite signs of local inflammation. The temperature gradually rises and gradually falls, and the fever does not exceed a week in duration. The patient presents a picture of the "typhoid state." In the course of the disease rheumatic symptoms appear—articular pains, and sometimes swelling of the joints.

\* \* \* \*

**Urine in Acute Alcoholism.**

IN acute alcoholic coma it should not be forgotten that the urines of these patients may give a strong reduction with Fehling's solution, and may lead one to think of diabetes, more especially as both acetone and diacetic acid may be present as well. In these cases the reducing substance is not glucose, but a glycuronate. It is easy to distinguish it from glucose by the fermentation test: glucose ferments, glycuronates do not. The phenylhydrazine test is also a good and rapid means of distinguishing the two; but it should be borne in mind that glycuronates *sometimes* yield yellow needle-shaped crystals with phenylhydrazine which may be mistaken for phenylglucosazone, unless the examination is made with care. Another distinguishing feature is that glycuronates are lævo-rotatory, whereas glucose is dextro-rotatory.

\* \* \* \*

**Osseous New Growths following Dislocations.**

SUCH growths are most common at the elbow and usually follow backward dislocation of both bones. In pre-radiographic days such cases, no doubt, gave rise to much undeserved blame to the practitioner who

first saw the case and who diagnosed it as a simple dislocation. Then, when an unexpected stiffness and unlooked-for callus appeared about the affected joint, another surgeon is consulted, who glibly speaks of a "missed fracture," erroneous diagnosis, and inefficient treatment. That such cases, however, are *not* necessarily fracture-dislocations is conclusively shown by Dr. David M. Greig.<sup>1</sup> The condition in the case of the elbow consists essentially of a dislocation of both bones backwards, without the suspicion of any fracture, however slight. It is by far most common at the elbow. Jones and Morgan, of Liverpool, record seventeen such cases, and fifteen of these refer to dislocation at the elbow. They call it "traumatic myositis ossificans." The osseous new formation usually springs from the quadrilateral surface of the front of the ulna, below the coronoid, at the insertion of the brachialis anticus muscle, and it lies *beneath* that muscle, and is *not* an ossification of its fibres. In the tearing of the attachment of the brachialis anticus to the ulna, it is believed that bone-forming elements escape into the effused blood; hence the new bone is not formed *by* blood-clot, but *in* blood-clot, by this escape into it of bone-forming elements.

\* \* \* \*

**Poisoning by  
Laburnum  
Flowers.**

VALLETTE (*Rev. Méd. de la Suisse Rom.*, May 20, 1908) observed the following cases of poisoning with the flowers of the laburnum tree (*Cytisus Laburnum*). Four persons each ate for supper four or five fritters flavoured with laburnum flowers, which were gathered in the garden by the cook in mistake for acacia flowers (*Robinia Pseudacacia*). The four consisted of a man, aged 66; his wife, aged 66; a lady, aged 40; and the servant, aged 25. Fifteen minutes after eating the fritters the wife experienced pains in the hands. She was soon unable to move, and could not get to bed, as advised. Vomiting of food then occurred. She was got to bed about an hour after supper, where she lay in a state of apathy. The younger lady felt ill at ease about the same time, and had difficulty in assisting the elder. She felt a numbness in the hands and a difficulty in moving them.

<sup>1</sup> *Edinburgh Medical Journal*, October, 1908, p. 297.



Shortly afterwards she vomited and felt relieved. The servant complained of the same sensations and also vomited. Three and a half hours after the meal the writer saw them. The two younger women had recovered, but the eldest remained in a torpid condition, neither speaking nor moving in bed, although she was lying on the left side in a position habitually avoided. The pulse was irregular, but this was the rule with this patient, who had sclerosis of the heart and diabetes. The pupils were equal and not dilated. On the following morning the condition was practically normal. The tongue was coated, and an aperient was administered. Three days later stiffness of the thoracic muscles was complained of by two of the patients, and the servant had aphthous patches in the mouth. In no case was there purging. In the two younger women menstruation occurred a few days later, in advance of its proper time, and the eldest lady had a slight uterine hæmorrhage. The man was totally unaffected. He had eaten a hearty supper of meat, potato salad, and cheese, and drank wine and brandy, in addition to the fritters; the women had eaten nothing but the fritters, with coffee and milk. In large doses the active principle (*cytisine*) produces a motor paralysis resembling, if not identical with, that produced by curare.

\* \* \* \*

**The  
Sunflower.**

THE sunflower, or *Helianthus annuus*, has been but little used by us, and yet has some valuable properties. According to a communication made to the Société Française d'Homœopathie by Dr. P. Jousset, Dr. Seiffert, and Dr. Léon Vannier, it is of great use in the cure of intermittent fevers which have been palliated but not extirpated by the use of *quinine*. Judging from the scanty pathogenesis extant, it would be specially indicated when the prominent symptoms besides the fever were vomiting, black stools, congestion, and dryness of the mucous membrane of the mouth and pharynx, and redness and heat of the skin. Symptoms are aggravated by heat and relieved by vomiting. Dr. Burnett regarded *helianthus* as a splenic remedy. This is in agreement with its efficacy in malaria. It has a popular reputation in Russia for fevers; fever patients sleep on beds covered with the leaves of the plant. It also

is of use externally as a vulnerant, resembling in this respect *arnica* and *calendula*. It deserves a further trial.

\* \* \* \*

**Spastic Constipation.** A NOTICE appears in the *Lancet* of September 19 of an article by Dr. Gustav Singer, describing a form of constipation which he calls spastic constipation. It often

occurs in association with neurasthenia, hysteria, and other conditions of the nervous system, or sometimes independently of such conditions. The patients complain of the bowels acting insufficiently, and that the amount evacuated is very small. There is great straining, and frequently a false desire, causing unsuccessful attempts to evacuate the bowel. On palpation of the abdomen, sections of the large intestine may be found to be contracted to form cord-like masses. These areas of contraction alter their position, and may be noticed in one part of the large intestine at one time, and at another part subsequently. The internal sphincter is often strongly contracted. The stools are small, and may consist of pulpy fragments or small lumps. There is often a certain amount of hæmorrhage or some blood-stained mucus. Its diagnosis has to be differentiated from various forms of colic, including lead colic, from gastric crises, and from intussusception and other forms of intestinal obstruction. Dr. Singer says purgatives are to be avoided, as they increase the spasm. He advises the application of heat to the abdomen, injection of warm oil, *belladonna* suppositories, and the passage of bougies *per anum* to overcome the spastic contraction of the internal sphincter. To us the condition appears a very good *similimum* to the action of lead, and we should advise the administration of *plumbum* in fairly high potency in preference to the treatment recommended by Dr. Singer.

\* \* \* \*

**Carbolic Acid in Tetanus.** THE *Lancet* (October 3, 1908) mentions a case recorded by Dr. César Allievo, of Buenos Ayres, in which a lady, ten days after cutting a corn, had an abscess over the metatarsal phalangeal joint of the same foot. This was incised and the pus let out, and healing quickly followed. But a month after the cutting of the corn she again complained

of pain in the whole of the right foot, as well as in the popliteal and inguinal regions of the right side, and this was followed by headache, trismus, and stiffness of the neck. The pupils were contracted, there was marked photophobia, with general hyperæsthesia, so much so that the slightest touch of the right foot or leg, or even arm, produced painful clonic general spasms. There was considerable dyspnœa. The treatment was the frequent administration of a *chloral* mixture, and injections of 1·5 cc. of a 2 per cent. solution of *carbolic acid* on the same night and the following morning, and two or three injections daily of 1 cc. of the same solution for the next three or four days, by the end of which time all symptoms of tetanus had ceased. Giving *chloral* by the mouth had to be discontinued on account of the gastric disturbance it caused, and was administered by enema. No symptoms of *carbolic acid* poisoning could be found from examination of the urine. It seems that the treatment of tetanus by *carbolic acid* is by no means new, and Symmers (*Medical Annual*, 1901), gives a review of seventy-five cases so treated, with a total mortality of only 23 per cent.

\* \* \* \*

Is it **Homœopathic?** It naturally occurs to one to ask the question whether there is any homœopathic relationship between *carbolic acid* and tetanus. In most of the cases of poisoning recorded in the "Cyclopædia of Drug Pathogenesis" such a relationship is not apparent. The patients, as a rule, took large doses either from accident or suicidal intent, and were rapidly thrown into a state of coma and complete paralysis. Dyspnœa was always produced. No symptoms of trismus occurred in patients poisoned by *carbolic acid* dressings, nor in the provers who took dilutions varying from the 1st to the 6th. In animals, on the other hand, experiments with *carbolic acid* caused unmistakable symptoms of irritation of the medulla oblongata and spinal cord, and clonic convulsions were frequent; but no mention is made of the occurrence of trismus. Perhaps the dose makes a difference, for there is one case recorded in the Appendix to the C.D.P. where trismus occurred. It is the following: "I was called about 1 p.m. to attend a farmer. I found him in violent convulsions

with trismus, and blood passing from the mouth in consequence of having wounded the tongue. He was quite comatose; face and neck were livid, breathing stertorous, extremities and surface of body cold, pulse scarcely perceptible. I had him put into a warm bath immediately. In forty minutes convulsions ceased, sensibility partly returned, face and neck assumed their natural hue, breathing became quieter, extremities and body were warm, and pulse much stronger. Next day he was much better and soon convalesced. He stated that for three hours he had been exposed to the fumes of strong *carbolic acid* and was then seized with giddiness, which was followed by the stupor and convulsions in which I found him" (Unthank, *British Medical Journal*, 1872). This one case is hardly enough to prove the homœopathicity of *carbolic acid* and tetanus, and possibly the good results obtained by many from the use of that drug in tetanus were due to a germicidal action. Besides, the *carbolic acid* treatment in Dr. Allievo's case was supplemented by considerable doses of *chloral*, so that it was not a pure experiment. *Carbolic acid* is a powerful and interesting drug, and its homœopathic therapeutic action in nervous diseases is worth further study.

\* \* \* \*

AN address was recently delivered by  
**Science and Homœopathy.** Professor Royal S. Copeland, of the University of Michigan, before the Illinois State Society, he being President for the year, which merits the attention of all interested in homœopathy. The paper is too long for our columns, but will be found in full in the *Medical Advance* for June, entitled "Homœopathy and the 'New Thought' in Science." President Copeland gives the ablest summary of the present position of science and homœopathy that we have seen, and moreover he points out one or two striking confirmations that seem hitherto to have escaped general notice. This address was followed by a paper from the same able pen which appeared in the September number of the *New England Medical Gazette*,<sup>1</sup> on "Homœopathy and Mendeléef's Law," in which Dr. Copeland amplifies further the correspondence between the symptoms

<sup>1</sup> Quoted from the *University Homœopathic Observer*.

peculiar to the same groups of elements, and their relative positions in accordance with their atomic weights and atomic volumes. In accordance with recent discoveries, this law has received a further development, and it is now known that "the properties of an element are a periodic function of its atomic weight." These "properties," of course, include the medicinal properties of an element according to the law of similars. Hence we find that the well-known groups of *lithium*, *sodium*, *potassium*, and of *sulphur*, *selenium*, *tellurium*, also of the halogens, chlorine, bromine, and iodine, have certain well-defined spheres of medicinal action, and that the members of each group have certain similar common symptoms which they produce in the human organism.

\* \* \* \*

**Atomic Weight  
and Homœo-  
pathic Action.**

SINCE the "properties of an element are a periodic function of its atomic weight" one may carry the idea a step further and say that "if you know the weight of the atom of the element, you may know, if you like, its properties, for they are fixed." For the remarkable diagram by which this is shown, by the mode in which the elements arrange themselves according to their atomic weights and atomic volumes, we must refer our readers to the paper quoted, and also to Dr. Duncan's work, from which it is copied,<sup>2</sup> but for us as homœopaths the notable fact stands forth that it is thus possible to predict what the leading homœopathic properties of an element must be. Professor Copeland illustrates this by the group of allied elements, *selenium*, *tellurium*, and *sulphur*, giving examples of leading symptoms common to each. The same correspondence can be shown between *phosphorus*, *arsenic*, and *antimony*, also between the halogens. Thus we arrive at the striking fact that Hahnemann, working a century ago, discovered the similar therapeutic properties of these three drugs, in ignorance of their atomic relationships; for these remained unknown until Mendeléef's discovery, many decades later, and its subsequent development was only made known in 1907. This, as Dr. Copeland well states, "is another argument in favour of the scientific basis of our system of therapeutics."

<sup>2</sup> Duncan, "The New Knowledge."

**Action of Infinitesimals and the Dissociation of Molecules.** ANOTHER discovery of the last few years, referred to in the paper we are considering, is that of chemical solution. It is now believed, and the theory generally accepted

as correct, that when a chemical salt (technically an electrolyte) is dissolved in water, its atoms dissociate into particles smaller than atoms; these are known as ions. The more dilute the solution is the more ions are present, and the fewer atoms. If the solution be infinitely dilute there are, theoretically, no atoms present, but only ions. The presence of these ions has been demonstrated chemically by the solution of certain aniline dyes, and of fluorescein, where one part has been proved capable of colouring or rendering fluorescent one hundred million parts of water. This solution corresponds at least to our 8th decimal dilution. But, clinically, every homœopath has proved the medicinal properties of drugs in dilutions far beyond this, and has been doing so for a century past. With our experience, therefore, the latest scientific theory agrees, for it is acknowledged that the dissociation increases with the dilution, and is by no means limited by that which can, so far, be demonstrated by physical or chemical experiment.

\* \* \* \*

**Further Light on Homœopathic Drug-action.** IT has been known to homœopaths since the days of Hahnemann that there is a difference in the action of mother-tinctures and higher dilutions on the body, both in health and disease. Symptoms produced in provers were often different according to the dilutions used. Also certain symptoms have only been obtained from high dilutions. Again, in some cases, high dilutions will cure, and lower fail, whilst in others the opposite obtains. Although in his schema Hahnemann ignored these differences, and placed all symptoms together, his followers were aware of the need of using different dilutions in practice, and it was not until late in life that Hahnemann himself settled upon the 30th potency. Many years afterwards, the late Carrol Dunham investigated the matter of dosage further, and threw considerable light upon it by his papers on the primary and secondary action of drugs; these facts, known to us by clinical

experience, have now received their explanation in the theory of ionization above referred to. In using the stronger tinctures of a drug we are relying upon its molecular action, whilst in using dilutions the ions are the effective workers. This also explains why the high dilutions are far more potent in their action in chronic disorders; their smaller size and greater electrical vigour ensuring a deeper and more prolonged action. Once more, then, modern scientific discoveries confirm and prove the accuracy of our clinical experiences, and facts which Hahnemann and his followers made use of a century ago have received confirmation and proof from the scientific advances of the last few years.

\* \* \* \*

**American  
Writers and  
American  
Teachers.**

ALTHOUGH in England we have had, and still have, writers of books on the theory and practice of homœopathy, and of its *materia medica*, whose works are of immense value and are always in use amongst us, it is a fact that American authors have been far more prolific, and their works on these subjects of much greater magnitude. Especially in the production of repertories, of various dimensions and degrees of usefulness, have our colleagues over the water excelled. Indeed, we could hardly do without their aid. But it by no means follows that the best writers are the best teachers on these or any other subjects. In fact there is usually a wide gap between book men and teaching men. The best clinical teachers are often those who have never written a book, and probably could not produce one equal in value to their clinical teaching. And here we discern the weak spot in a recent proposal to send our students to the States, to study homœopathy at the clinics of those with whose names we are all familiar through their writings. Do these men command the confidence of American students by their clinical teaching in the wards? We believe that this is frequently not the case, but that, on the contrary, those men who are the best teachers of practical homœopathy, and who prove this by the numbers who flock to their clinics, are unknown by name to most of us. Since, then, the theory of homœopathy can be as well studied here as there, is it not probable that equally good teaching can be

obtained in the practice of our science in the wards and out-patient departments of our British hospitals ?

**Clinical Work  
in American  
Hospitals.**

IN the magnificently equipped and wealthy hospitals of the United States, both homœopathic and otherwise, splendid work, both medical and surgical, is done, which, we believe, is equal to, if not better than, that accomplished either on the Continent or in England. Nevertheless, we find the curious and unexpected fact that students and senior graduates from the best American hospitals attend in large numbers the great clinics of Europe. Even in London men also come to learn, observe, and obtain practical instruction under various specialists in various departments of medicine and surgery. When we know how well these things are being done and taught in their own hospitals, we may well ask why so many men come over the water to see and study the same treatments and operations here. The answer is a significant one, and may well give us pause before recommending would-be students of homœopathy to go West. It is that the patients who enter and attend American hospitals nearly all pay for their treatment, and are, in fact, private patients. The American hospitals are not primarily for the poor, as with us; indeed, many of them have few or no free beds, but are largely supplied with patients from the middle and even upper classes, most of whom pay in proportion to their means. Such patients naturally decline to be visited and studied by beves of students. Hence it is that, although the material exists in quantity, it is not clinically available for teaching purposes as in English and Continental hospitals. Thus American senior students are often unable to obtain that practical experience which is essential to the fully qualified medical man, and those who can afford to seek elsewhere what it is difficult for them to obtain at home.

**A Danger in  
Recent Scholar-  
ship Offers.**

FOR these reasons we fail to see the advantage of sending men, anxious to study homœopathy, across the Atlantic. The book-work can be done as well here as there,



and it seems probable that in spite of the great names of the American homœopaths, who are—we gladly admit—supreme in their special spheres, the clinical teaching can be better done where the material is more available for study. But there is another danger in the proposal to finance men for the purpose of studying homœopathy in the States. How will it be possible to prove the *bona fides* of men accepting the offer? What is there to prevent young graduates, who have no real intention of practising as homœopaths, accepting these scholarships, putting in a perfunctory appearance at a few clinics, perhaps, enjoying their stay in the States, and then repudiating homœopathy and all its works? This would be a melancholy waste of the money that has been so generously provided. It is not easy to see how this could be prevented, except by sending only such men as have proved their integrity by studying first in England and have cast in their lot with other students at the London Homœopathic Hospital. This seems to afford another reason for utilizing these scholarships only for men who desire to put a finishing touch to the knowledge and experience they have already obtained here. The ground should first be prepared and the good seed sown in this country before the young graduate leaves our shores to study elsewhere.

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**British Homœopathic Hospitals:** DEVELOPING that part of its work which consists in aiding and extending provincial homœopathic hospitals, the British Homœopathic Association has made a grant of £100 to the Hahnemann Hospital at Bristol, and of £100 to the Leicester Homœopathic Hospital. Both these institutions have carried through definite work, to qualify for the subsidy; and the Association's policy has promoted the exertions of the Leicester and Bristol authorities. In each instance a bed will be named for a term of years the "Association Bed," and a representative of each hospital will sit at the Association's Council Board. The member from Bristol is Dr. T. D. Nicholson, and Dr. George Clifton undertakes the corresponding office for Leicester. It is very gratifying to see the provincial hospitals thus knit up with the national work of the

British Homœopathic Association. In this way there is reasonable expectation of a British homœopathy, one and indivisible, being established on broadly national rather than merely metropolitan lines.

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### Original Articles.

#### APPROXIMATE AND EXACT SIMILARS.

By ALFRED PULLAR, M.D.

WHEN we take into account the number of therapeutic agents comprised in the homœopathic pharmacopœia and the manifold symptoms for which, in the course of our everyday work, medicinal analogues have, if possible, to be found, the difficulties of accurate prescribing will appear in their true proportions. The *materia medica* is always being added to, whilst the field of symptomatology is also extending; so that the working out of the problems of homœopathy is not likely to be simplified as time goes on. From the practical point of view, therefore, it is perhaps fortunate that some general symptoms are more or less amenable to what we might term approximate remedies. I refer, for example, to such phenomena as the pyrexial state in general, without specially noting individual characteristics which may supervene at a later stage of the same case. Now we know there may be quite a number of remedial agents almost equally indicated up to a certain point; and it is upon such broad data that in routine practice curative results are attainable, which at least compare most favourably with those achieved by merely empirical prescribing. It is, after all, a question of the standard of efficiency in therapeutics we set before us as the goal to be aimed at. But the central idea of homœopathy implied, as we know, more than mere general resemblance to the drug symptoms; and this was first clearly illustrated by Hahnemann when he worked out the type of intermittent fever for which *cinchona* is the one specific remedy. This historic instance may be said to have adumbrated an enduring fabric built upon secure ground, the "house beautiful" in which the ever-increasing treasures of homœopathy were to be stored for the use of

later generations. The very extent of such resources may indeed be somewhat embarrassing to the careful prescriber, inasmuch as it involves more prolonged search for the exact similar.

Hahnemann would indeed appear to have recognized that certain portions of the vast field of symptomatology may be covered by approximate similars, although he may not have used the expression; but he laid stress on the fact that it is only by carefully individualizing each case that we can obtain results which distinguish his method from every other phase of the therapeutic art. This was the main feature of his teaching, especially in relation to chronic disease, in which congenital diatheses are such important factors in the whole condition under our treatment; and although we may observe that approximate similars constitute a distinct advance on mere empiricism, we are no longer satisfied with the former, because we aim at such results as those which have been set before us by the great exponents of homœopathy in past times. For even if we admit that not all can reach this higher path or uniformly pursue it when found, we at least recognize its attainment as the desirable consummation.

Medical thought has perhaps "widened with the process of the suns," and eventually it will be perceived that Hahnemann grasped the deeper significance of vital phenomena when he taught that, in attempting to restore the equilibrium of health, we have to deal with forms of energy which are beyond the somewhat crude physiological and chemical processes of investigation and experiment hitherto accepted as adequate for such work; and also that corresponding vehicles of force exist most actively in therapeutic agents attenuated by his method. It is obvious, however, that traditional ideas have not even approached such fine issues, and full enlightenment will be a work of time. For we know that medicine as a fine art has but slowly emerged from the primitive stage when the drug was little more than a fetich; and the whole craft was sunk in the slough of materialism, the dark ages having prevailed longer in therapeutic lore than in any other department of human thought. We can hardly wonder, therefore, that education has been somewhat discouraging in its results, as far as it bears upon medical advance, for new ideas have

been almost strangled at their birth by the solemn functionaries representing vested interests of one sort or another. Whilst there is no profession that ought to be more receptive to fresh light from any source on the difficult problems with which it is concerned, there is none that has been so conspicuously deficient in open-mindedness.

The aims of the homœopathic physician in dealing especially with chronic cases may easily be frustrated by want of intelligence on the part of the patient, general notions regarding the scope of medication being based more or less on traditional practice. The idea, for instance, that the remedy may be advantageously repeated is deeply rooted in the popular mind, whereas we know and have proved the superior efficacy of the single dose in certain cases. The method, in truth, is workable only on definite lines which must be adhered to in order to obtain the best results, but such conditions may prove irksome or seem unreasonable to the patient. Again, time is often essential to the complete success of our treatment; and unless we have the entire confidence of the patient, some outside influence may render futile all that has been done. Such are only a few of the practical obstacles which have to be encountered in attempting to carry out the higher homœopathy; and yet the results are so brilliant that we may perhaps be content to bear the crosses. Some will have nothing but the highest from homœopathy, while others, equally true to the principle, are satisfied to walk on lower levels, utilizing the comparatively limited range of therapeutic efficiency represented by what I have termed approximate similars. But the two paths will appear less divergent if we bear in mind that, like true art, homœopathy has different modes of expression according to individual predilection. There is, in fact, no absolute standard by which efficiency in therapeutics can be gauged, nor is its attainment circumscribed by rigid rules.

As there are degrees of homœopathicity in different cases, so also the standard of efficiency must necessarily vary according to individual aims, being conditioned to some extent, too, by the understanding of the patient as to what constitutes a cure in the true sense of the word. Again, it is clear that the minute analysis which is required for finding exact similars would be simply impracticable in all the cases that come

before us, nor is this by any means uniformly essential. The characteristics of leading remedies being stored in our memory, the selection in a large percentage of cases may be described as intuitive; and therefore it is only when unusual or complex symptoms are met with that strict individualization (or repertory search) becomes essential. It is thus broadly interpreted that our working principle has attained a general standard of efficiency higher than that of any other in the history of medicine. There can be little doubt that, instead of advancing our cause, the exclusive attitude of those who will recognize nothing but their own interpretation of the highest phase of the method has tended always to narrow the confines of homœopathy. For however worthy of emulation their achievements have been in dealing with the more chronic forms of disease, it is at the same time sufficiently obvious that in everyday work the limitations are such as to render the adoption of some *via media* the only practical solution.

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ORNITHOGALUM UMBELLATUM: A NOTE ON PROVINGS.

BY JOHN H. CLARKE, M.D.

DR. P. W. SHEDD, of New York, is an ardent student of the *materia medica*, and is filled with a laudable desire to make this homœopathic *implementum* a less unwieldy instrument than it is at present. But I hardly think he has sufficiently estimated the magnitude of the task he has undertaken, and I am quite certain that his method is defective. He is attempting to purge the *materia medica* by proving negatives.

In the *Cleveland Medical and Surgical Reporter* of February, 1907, is one of a series of articles from his pen in which he relates provings of several remedies, and among them one of *Ornithogalum umbellatum*. Dr. Shedd begins his onslaught on the remedy by spelling "*ornithogalum*" wrongly; he gives it two 'l's' instead of one. This is a little inconsistent with the usual American habit of dropping an 'l' wherever possible, and also with his adopted habit of shortening the *materia medica*. Dr. Shedd betrays at once his negative bias by calling in question Dr. Cooper's cure of cancer of the stomach in the case of the man Murrell, who is known and was seen by a

number of homœopaths besides Dr. Cooper, and who is well at the present day. Dr. Shedd somewhat impertinently styles this case an "apparent cure." All I can say on this point is that I saw the patient and that the cure is so "apparent" that there is no disproving it. Moreover, the steps in this cure were so marked and definite that the process could be easily followed. As the readers of this Journal may not all be possessed of my "Dictionary of Materia Medica," I will quote the case from that work. Here it is :—

"In his 'Cancer and Cancer Symptoms' Cooper has published the case of George M., aged 40, who was suffering from cancer of the stomach and was operated on in the Cancer Hospital. The operation was abandoned on account of the numerous adhesions, and because it was impossible to remove all the diseased tissue. Cooper saw him first on July 22, 1898, and found him writhing in agony on his bed, unable to keep anything long on his stomach; > by warm foods, < by cold drinks. Pains < at night. They began in stomach, spreading to hands and between shoulders, as if an iron brick were being forced through stomach and chest. There was a visible bulging between attachment of diaphragm extending to scrobiculus cordis. Tongue red, coated towards back; bowels confined, sometimes diarrhoea. Patient's father died of gastric ulcer, aged 73. On Saturday, July 23, at 6 p.m., Cooper gave *ornith.*  $\phi$  one dose. This was followed by great pains; the patient felt almost frantic at 3 a.m., and again at 1 p.m., when the bowels acted. At 3 a.m. he began taking *carb. v.* 3x. every three hours. This was discontinued on July 26, as patient thought it increased the pains, which now extended over the whole body. On the 27th a frothy substance began to come up, giving great relief. Cooper considered this as evidence that the *ornith.* had touched the disease, but had been restricted in its action by the *carb. v.* A second dose of *ornith.*  $\phi$  was therefore sent and taken on the evening of July 28. Almost immediately after the patient began bringing up a black jelly-like substance, with great relief to pain and general improvement. From this time the progress was steady. On August 29 the patient, in his report, said he was keeping fairly well, though at times having great pain in lower part of stomach. And he noted this important additional symptom: 'great difficulty in

going to sleep owing to a creepy sensation in limbs. Also on sitting, legs and feet go all of a heap, cannot keep still, cannot read without walking about. Feet also ache and swell.' Dose repeated September 9. On the 18th he reports: 'Sleep much better. Pain in left leg and foot, but not nearly so bad. Slight pains at bottom of stomach and a little more swelling.' Cooper saw him on September 30, and learned that after the last dose feet and ankles began to swell more, but gradually got better. On September 23 right leg felt as if bruised, and is now painful and angry-looking, swollen, and leaves spots on pressure. When eating feels as if food chokes in the stomach; some flatus, bowels regular. Another dose was given, and the effect confirmed Cooper's view that the swelling resulted from 'the high pressure put upon the emunctories owing to the setting free of poison in the system.' 'In a few days,' says Cooper, 'he came to me in great fright, and, pulling up his trousers, showed me the terrible condition, as he thought, of his legs. They were swollen, and great red streaks and patches could be seen coursing down the limbs. Believing that these were due to the rapid elimination of the cancer poison, I rather astonished him by insisting on his walking away without any medicine whatever.' This patient soon became perfectly well. I saw him myself soon after and examined him thoroughly, and could find no indication of any disease whatever except the scar of the operation. He was alive and well in July, 1901."

Dr. Shedd induced eleven medical men to prove *ornithogalum* with high and low potencies; and he concludes from the fact that there was a great paucity of symptoms that therefore the curative powers of *ornithogalum* are imaginary. But I should like to remind him of another homœopathic remedy, *Allium Cepa*—the common onion—which is being "proved" every day of the week by millions of persons without producing any symptoms at all (unless we may call the oniony odour of the breath a symptom), and yet *Allium Cepa* is a most potent and reliable remedy all the same. But according to Dr. Shedd's rule *Allium Cepa* should be "eliminated" with *ornithogalum* "from the list of medical substances."

Dr. Cooper pointed out a fact which Dr. Shedd does not appear to have taken sufficient note of, that it is quite possible

to be too healthy to prove a drug. A certain degree of instability or sensitiveness is necessary in order to obtain many of the finer symptoms. Hahnemann noticed the same thing, and he found that remedies developed many new symptoms in patients who were being cured by them.

But let us see what results Dr. Shedd obtained. They were mostly negative, it is true, and Dr. Shedd smacks his lips over their negativeness. But they were not *all* negative.

Prover No. 2 made a valiant proving. He took at 4 p.m. 40 drops of the tincture ; 7 p.m., 50 drops ; 7 a.m., 50 drops ; 10 a.m., 80 drops ; 1 p.m., 90 drops ; 4 p.m., 95 drops ; 7 p.m., 100 drops ; 10 p.m., 105 drops ; 7 a.m., 110 drops ; 10 a.m., 120 drops ; 6 a.m., 130 drops.

After this he reported : " Have felt no ill effects, unless it has been to disturb the bowels a little. Some signs of looseness. A little external pile has been somewhat sore." As the prover had had these symptoms before, he was not certain that the drug had had anything to do with it.

Prover No. 4 took 5 drops at night and before breakfast for two weeks. The result of this was that a common cold developed during the fortnight. Considering the drug's relation to *Allium Ceba*, this was probably a drug effect.

Prover No. 5 took *ornith. umb.* 200, 5 drops on retiring and before breakfast for two weeks. This prover is said to be very subject to drug action, yet he had only one symptom that he could speak positively about. But this is a rather good one : A heavy drowsiness on awaking, < after customary afternoon siesta. Some nausea, which did not interfere with appetite ; perhaps > after eating.

Prover No. 6, taking the 3x. night and morning, " caught a cold while taking the drug." It got better whilst the drug was being taken in increased doses.

Prover No. 8 began by taking a drop of the tincture and added a drop every two hours. Result : In spite of a rather normal habit and a diet favourable to health, and considerable activity, for the last three days constipation has been rather marked. Simple atony, lack of symptoms. This prover had had the same symptoms before.

Prover No. 9 took 60 drops daily and had slight eructations and a very mild heartburn. With larger doses nothing happened.



These positive results, slight as they are, are not without their significance.

With all due deference to Dr. Shedd, his negative results prove nothing and afford no warranty for the exclusion of *ornith. umb.* from the *materia medica*.

I do not think his provings were particularly well carried out. His patients, for one thing, repeated their doses much too frequently. We are all taking strong poisons every day of our lives—tobacco, coffee, tea, alcohol—but no symptoms appear because the doses are repeated. Another mistake made is to imagine that no symptom is valid unless it knocks a man down, so to speak. Now the art of reading a drug's action by proving is a very delicate one. It needs an unbiassed mind, a quick sense, and an accurate judgment. But these are of no use unless there is at the same time a certain degree of sensitiveness to the drug's action. Constantine Hering—to whom we owe *lachesis* and *apis*—used to say that after he had taken the drug he was proving he listened intently for the first note of its action. Dr. Shedd's provers had no idea of the necessity for such alertness. They accepted nothing which did not force itself on their notice, and then with so much reserve and so grudgingly that they seem loath to give the drug the credit of it. Another thing Dr. Shedd forgets: it is often long after the dose has been taken that the most characteristic symptoms appear, and if the prover is not on the *qui vive* he will assuredly miss it. There is no symptom more reliable in the *materia medica* than the "shot-shy" symptom of *borax*—starting at any sharp, sudden sound. This symptom was developed in Schreter's proving, and did not appear till the fourth week after the dose was taken. I have laid down a few rules about provings in my book on *Radium*, which may be use fully reproduced in this connection.

"In testing a drug on the healthy it is necessary for the person making the test to be absolutely neutral. He must note exactly what happens—he has no other say in the matter. He cannot tell the drug he is about to take which organ it is to act on; he cannot even ask it what effect it

will have on any particular organ; he must wait and see whether it will condescend to act on the organ at all. The prover, or tester, must record the new sensation he experiences, and he must further note the peculiar circumstances and conditions under which the sensation appears or disappears, or increases or diminishes. Unless a symptom is clearly characterized it is of comparatively little use as an indication for prescribing.

"The sensitiveness of different individuals to any given remedy varies enormously. In some it will produce many symptoms, whilst in others it will produce few or none. Hence the necessity for a considerable number of provers of any remedy, though any definite symptom—even if it is only one—is of value.

"The dosage of the drug proved should be varied. In some the potencies will evoke more symptoms than the crude drug, whilst the opposite will be the case with others. In any case the drug should not be given in poisonous doses, which overwhelm the organism and preclude the evolvment of its finer characteristics. The records of poisonings are of value in making up the picture of a drug for homœopathic use, but their value is much less than that of provings, and the risk to life involved is not warranted. However, accidental or criminal poisonings may be laid under contribution for curative indications."

Reverting to Dr. Shedd's provings, compare with them the observations which put Dr. Cooper on the track of *ornith.* in cancer cases. In this prover there was the special sensitiveness to the drug, which is so valuable. There was but one dose given, and it was allowed to evolve and complete its proper action. These are Dr. Cooper's words :—

"My acquaintance with *ornithogalum* in cancer cases was due to the very distinctive disturbance it produced in a woman very sensitive to all alliaceous flavouring substances in food. The dose was taken at mid-day, and the same evening distension of the stomach and duodenum came on, with frequent belching of mouthfuls of offensive flatus obliging her to loosen her clothes, and this was accompanied by the most hateful depression of spirits and desire for suicide, a feeling of complete prostration and painful sinking across the

pit of the chest, and a feeling of sickness that kept her awake the greater part of the night, and that did not pass off for several days. The subject of this disturbance was about 54 years of age, of quite a sanguine temperament, inclined to enfeebled digestion, and with a history of pleuritic seizures, and a possible phthisical tendency, but otherwise not subject to any settled form of disease. Since the medicinal thrill above recorded, her general strength, digestion, and capacity for the enjoyment of life have manifestly improved. The *ornith. umb.* in those sensitive to it goes at once to the pylorus, causes painful spasmodic contraction of it, and distends the duodenum with flatus, its pains being invariably increased when the food attempts to pass the pyloric outlet of the stomach."

It will be seen from these cases that Dr. Shedd's provings, poor as they are in result, give some confirmatory support to Dr. Cooper's observations. There was disturbance of the bowels in one; eructations and heartburn in another; and a feeling of sickness in a third. I have no doubt, in spite of the provers' modesty, other symptoms were genuine; and also I think the "cold" symptoms, in one case at least, were the result of the drug.

Dr. Shedd does not say how his tincture was prepared. Cooper's was made from the fresh plant and the flowers.

I will conclude this article by quoting from my forthcoming book on tumours the cure of a cancer case in which *ornith.* played the most important part. In this case also the patient had been operated on fruitlessly, and the tumour was in the intestinal tract:—

"Miss X., 22, came to me April 19, 1906, with the history that she had been operated on for cancer a short time previously. For twelve months before that she had been out of health, suffering from backache, headache, and 'indigestion.' She was of rather small make; of dark, naturally florid cheeks, but now pale. She complained that she felt very weak, and that her legs would hardly move. The headaches were frontal and occipital. Tongue clean; appetite good; bowels always constipated, has to take pills to get them to act; periods scanty; sleep good. The feet were rather cold. Pulse 120. I found a large vertical scar

about two inches to the right side of the umbilicus, traversing the site of a tumour which extended on each side of it, about the size of an orange. After the incision had been made, the tumour was found to be of such a nature and so involved that it could not be interfered with, and the wound was closed with sutures. Since the operation she had been having treatment with X-rays, but the visit to the electrician had proved so exhausting that this was not persisted in. The family history was good. The patient had had the usual ailments of childhood, and had been twice vaccinated, the last time three years before I saw her. I was asked if I thought there was any chance of her recovery. I said there was a very decided chance, and took the case in hand. At first I ordered a single dose of *ornith. umb.  $\phi$* , and told the patient that she was not to take any other medicine for three weeks; at the end of that time she was to come and see me.

"May 10.—Much better. Tumour smaller. Bowels *have acted much better*; for the past ten days she did not have to take any aperient, though she had been quite dependent on them before. The improved action of the bowels after a single dose of a remedy given in this way is a very good sign that excretive and eliminative action has been set up. A second dose of the same remedy was now given.

"May 31.—Feeling better and much stronger. Appetite much better than it has ever been—has never enjoyed breakfast as she does now. Has gained 1 lb. weight in a week. Bowels act fairly well; tumour about the same. Has had a bad cold for a week; throat a little red. She keeps coming over terribly giddy; has had pain all over the abdomen. Repeat.

"June 21.—Has had an attack of influenza; was aching all over, terrible headache, and nasal catarrh. Has had sharp, sudden pains in the region of apex of heart. Pulse 120. Tumour smaller; pressure over it makes her feel sick. The dulness on percussion is all to the outer side of the scar. Bowels act daily; has pains in rectum after stool. *Thuja* 30, once in ten days.

"July 14.—Got over the influenza. No more heart pains. Pulse 96. Tumour smaller, and not very tender. Bowels

act well; sometimes much pain. Period is on, and rather late. Aching in limbs; bad on walking. *Ornith.*  $\phi$ , one dose.

"August 2.—Better. Lump smaller; no tenderness. Had rather bad headaches in forehead and eyes. Giddy after lying down. Bowels acting well. *Carcinos.* 100, once in ten days.

"August 16.—Better. No giddiness. Headache better. *Ornith.*  $\phi$ , one dose; to be followed by *carcinos.* 100, one in ten days.

"September 27.—Very much better. Has been at Margate, where the bowels became confined; they still remain so. No giddiness. *Ornith.*  $\phi$ , once in fourteen days.

"October 24.—Has had a good deal of headache the last week in right eye and right side of head, then it passes to the other side; comes on after rising. Is only giddy when the headache is on. Has had a cold for a week. Bowels rather constipated during the week. The tumour is very indistinct; feels a little discomfort in it. Has gnawing pain in the loins. Quickly tires when walking; it causes an aching in the right iliac region. *Thuja* 30, once in ten days.

"November 20.—Better, but constipation is troublesome. No distinct tumour felt. *Ornith.*  $\phi$ , one dose.

"December 13.—Still constipated. Not so tired as she was. *Lyc.* 100, once in ten days.

"January 8, 1907.—Has been over-fatigued, having to nurse a sister who was ill. Much backache. Bowels confined. Hardly anything to be felt of the tumour, but there is a little tenderness on deep pressure. *Variol.* 100, once in ten days.

"February 3.—Feeling very well except for a cold. Is a good deal stronger, and can walk better. On the night of February 1 felt as if something was pushing through the abdominal wall. On examining the scar I found a good deal of tenderness about it, and in the centre a lump about the size of a walnut.

"*Thuja*  $\phi$ , gtt. ij., single dose.

"February 26.—Better on whole. Had burning and stabbing pains off and on; but none of the pushing-through sensation. *Ornith.*  $\phi$ , once in ten days.

"March 21.—Very well. Had no pain. Lump smaller. *Ornith.*  $\phi$ , once a week.

"I was now asked a question of some importance. Before she was taken ill the patient had been engaged to be married.

The illness and the operation, and the disclosure which the operation had made, had, of course, to all appearance put an end to the question of marrying. But the steady recovery under treatment had revived old hopes, and I was asked if I thought it would be right or wise to consider the possibility once more. I decided this in the affirmative, and I was then asked if I thought it would be possible for them to fix a date, the following June being the time that would be most convenient. This I again decided in the affirmative, and in June the marriage took place. On the honeymoon trip the lady did a fifteen-mile walk on one occasion, which tired her a little, but it showed, at any rate, a pretty complete recovery of physical powers. She now resides in the Midlands, but I frequently hear of her, and she reports herself in person when she comes to town.

"This case is one of very considerable importance. It shows what medicine can do when surgery has had to confess its impotence in the face of disease. It strikingly confirms the late Dr. Cooper's observations as to the power of the single dose, and of the great power of *ornith.* as a remedy in cases of cancer of the intestinal tract. For it was *ornith.* that turned the scale at the critical moment. This patient never really looked back after the first dose of *ornith.*, and this in spite of a severe attack of influenza—that terrible marplot of so many promising cases of cancer-cure. All who have had many of these cases to treat must have experienced this. An organism which has reacted bravely under medicinal aid, and raised great hopes of cure in both doctor and patient, becomes badly poisoned by influenza. The vitality is lowered, the balance is broken. Cancer *plus* influenza is a double enemy which the already taxed organism can no longer successfully resist. In this case, happily, there was vitality enough to work on to meet both."

— No, Dr. Shedd, *ornithogalum* will not be eliminated from *my materia medica*.

Dr. Shedd's style of reasoning reminds me of the Irishman who was accused of some offence or other, and pleaded to the magistrate that it would be ridiculous to convict him on the evidence of one or two witnesses, when he could bring fifty witnesses who would be ready to swear that they had *not* seen him do the deed.

THE FOUNDATIONS OF SCIENTIFIC THERAPEUTICS.<sup>1</sup>

BY DAVID RIDPATH, M.D. EDIN.

UP to the end of the eighteenth century there was no science of therapeutics; there was, and still is, in the regular or orthodox school, "the practice of medicine," a mere dogma, no rule, the mere dictum of this or that man, or the teachings of tradition.

The only scientific therapeutic system is homœopathy. Its founder, Samuel Hahnemann, an eminent German physician, in 1796 propounded, as the result of his investigations and carefully conducted experiments, his essay on a new principle—the partial application of the therapeutic rule, *similia similibus curantur*—likes are cured by likes.

Nine years after, in 1805, in the *Medicine of Experience*, he enunciated the rule absolutely, and in 1810 he published the first edition of the *Organon*, in the preface to which he says: "No occupation is more unanimously declared to be a conjectural art than 'medicine'; consequently, none has less right to refuse a searching enquiry into whether it is well founded than *it*, on which man's health, his most precious possession, depends."

He himself was led to this enquiry by his observation of the unsatisfactory curative results of the then existing medical practice, in which, though successful from a worldly point of view—he had a lucrative practice and was highly esteemed by his *confrères*—he gave up the practice of medicine, and supported his family by translating medical works to gain a livelihood.

While translating Cullen's *Practice of Medicine* it occurred to him—a healthy man—to watch the effects of *cinchona bark* upon himself. These effects were the production of the symptoms of intermittent fever—chills, pyrexia, perspiration, &c.—observed in *ague*, in which this drug was recommended as curative. This observation so impressed him that he was led to experiment with other drugs, first on himself and then on a number of voluntary provers, whose

<sup>1</sup> Read before the meeting of the Northern Counties Therapeutic Society at Harrogate, July 9, 1908.

symptoms, after taking the drugs, were carefully observed and noted. From these experiments he deduced the law that those drugs which in the human body produced symptoms resembling the symptoms observed in diseases, were able to cure such diseases. These are all facts well known to my hearers, and I merely cite them as an introduction to what follows.

These observations are the foundations of scientific therapeutics and are contained in the writings of Hahnemann, notably in his *Organon*, his *Materia Medica Pura*, and his *Chronic Diseases*.

In the *Organon*, the laws for the selection of the remedy for the sick person are most logically laid down. In paragraph 3 he lays down that the physician has—

(1) To ascertain what in the patient has to be cured—the symptoms—the disease.

(2) He has to acquaint himself with what is curative in medicines—the knowledge of medicinal powers.

(3) He has to know the mode of applying that medicine in suitable cases, after, of course, removing, as far as lies in his power, the exciting cause of the disease.

Anyone having satisfied himself on these three essentials knows how to treat the patient judiciously and rationally, and he is a true practitioner of the healing art.

There is no time here to go over all the teachings of the *Organon*. It is a most ably worked-out exposition of scientific arguments, and, though not light reading by any means, will well repay careful study. It must be taken paragraph by paragraph, and each paragraph must be pondered over.

In paragraph 153, Hahnemann gives directions as to how to find the remedy for a case of sickness. This paragraph is worth quoting in full, it is so pregnant with instruction: "In this search for a homœopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the lists of the symptoms of known medicines, in order to find among these our artificial morbid agent, corresponding by similarity to the disease to be cured, *the more striking, singular, uncommon and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly



and almost solely to be kept in view ; for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for effecting the cure. The more general and undefined symptoms—loss of appetite, headache, debility, restless sleep, discomfort and so forth—demand but little attention when of that vague and indefinite character, if they cannot be more accurately described, as symptoms of such a general nature are observed in almost every disease and from almost every drug.”

Here we have a distinct and clear law laid down for the treatment and cure of diseases, and here is the *true science of therapeutics*. We have to give in disease the drug which in its proving on the healthy human subject has produced certain symptoms, to the patient who has the same symptoms as the result of natural disease.

In all previous teachings we have only had the various systems (*sic*) of medical practice according to the mere dicta of this man or the other, without any law or rules of practice being laid down. Thus we have had the humoral pathology of Hippocrates, wherein he attributed the existence of disease to the presence of blood, phlegm, yellow bile or black bile in the body; a right proportion and mixture of which constituted health ; an improper proportion, disease. He also practised minute observation and accurate interpretation of symptoms, in which the Hippocratic school was unrivalled in antiquity, and which constitute the method of clinical medicine of to-day. Galen's theory was the presence of hot, cold, moist and dry humours ; and by the doctrine of contraries, one or other of these was indicated. Paracelsus introduced the doctrine of chemical medicine. He held that the human body was a microcosm which corresponded to the macrocosm of the universe, and contained in itself all parts of visible Nature, sun, moon, stars and the poles of heaven. He also held the doctrine of signatures. The iatro-chemical theory consisted in the use of chemical remedies in addition to the “Galenical” remedies.

Then there was the teaching of Locke and Sydenham. One sentence of Locke's in a letter to Molyneux sums up the practical side of Sydenham's teaching: “You cannot

imagine how far a little observation made by a man not tied up to the four humours, or *sal.*, *sulph.*, and *mercury*, or to *acid* and *alkali* (Sylvius and Willis), which has of late prevailed, will carry a man in the curing of disease, through any stubborn and dangerous disease, and that with very little and common things and almost no medicine at all."

There was also Boerhaave's doctrine of plethora, and Cullen's system based on the doctrine of irritability and the existence of diseases sthenic or asthenic, the latter requiring stimulating treatment, the former the reverse.

The practical conclusion of the Brunonian system was that 97 per cent. of all diseases required stimulating treatment.

Such fantastic theories ruled the practice of medicine up to Sydenham's time, and since then there have been various theories promulgated, but no universal system until that contained in the law of *similia similibus curantur* of Hahnemann.

The discoveries of minute organisms by the microscope have led to the present vogue of the microbic causation of diseases—the bacteriological craze—that diseases, especially infective, owe their origin to the presence of bacteria or microbes. People know, for instance, that certain bacteria are discovered when there is a case of diphtheria or typhoid fever, and they at once assume that these bacteria are the cause of the disease; whereas the proper interpretation of the presence of these bacteria is that they are really the scavengers which a merciful Providence supplies to remove the effects of the disease.

If you go into a field in the summer-time and find the decaying carcase of an animal, and on turning it over you find it putrescent and infested by maggots, would you say that these maggots were the cause of the animal's death? Would you not rather say that these small animals were the scavengers which were disposing of the putrescent carcase of an animal which owed its death to some other cause?

And now the regular or orthodox school seems to be in a state of scepticism, despair, or negation. In evidence hereof, read this in the *Practitioner* for June, 1897, where Sir Samuel Wilkes, a leader of the old school, is reported

as saying : " As regards improvement in internal treatment by means of drugs little can be said. Scientific therapeutics is what we are hoping for, but at the present time very little exists, and especially for the reason that we are not fully acquainted with the action of many of the medicines we use, and we are still more ignorant of the true significance of the symptoms of the disease which we treat." What a confession of ignorance and incapacity !

Listen again to what Sir Dyce Duckworth said in his address on diathesis delivered before the Faculty of Medicine of Paris, February 18, 1908 : " Again one point more. We are, I fear, suffering in these days from a widely spread spirit of incredulity, timidity, and hopelessness in the whole realm of therapeutics. We spend much time in cultivating elaborate diagnosis, and this is quite right, but we grievously neglect our main business as mitigators and healers of disease. Our knowledge of the *materia medica* has declined out of all proportion to that gained by the progress of bacteriology, which claims to supersede the older therapeutic art. It will never supersede it, for there are, as Sir William Jenner said, but two great questions to be answered at the bedside of a sick man—what is the matter with him, and what will do him good ? Are we not too apt to forget the second question, to experiment with synthetical novelties and to neglect the long-approved remedies ? In short, are we not, as physicians, slowly drifting into the position of abstract scientists and gradually losing our proper relation to the sick as skilful medical artists ? "

In face of all this scepticism expressed by leaders of the medical profession, how wonderful it is that they will not give a trial to the administration of drugs in the manner laid down by Hahnemann. What is the reason ? It is impossible to give one, unless it be that much more work and study must be undertaken by the homœopathic physician—this implying time—than by the old school physician, and the curative effects of the means used are much more rapid ; in this way there is not so much money in the Hahnemannian treatment. If half the energy which is now being applied to the growth of the infant serum therapeutics had been applied to the law of cure hidden behind specifics (*i.e.*, homœopathically applied remedies),

this law of *similia similibus curantur* would in all probability have been rediscovered. At present, so far as the old school is concerned, the word "specific" covers a mass of ignorance, the latest outcome of which is serum therapeutics and vaccine treatment.

Well, Hahnemann was the discoverer of this law of scientific therapeutics which I contend is, and which those who have followed it in practice have proved to be, as invariable as Newton's law of gravitation. In the former case, however, the personal equation comes in, that there is required very great skill and study in the selection of the remedy for the individual patient, and hence may arise some explanation why this scientific therapeutic law is not adopted by the old school.

In order to cure a diseased person, then, we have to carefully examine the patient and note down all the symptoms which we find in him as an aberration from health. We have to pay particular attention to the mental and moral symptoms and to all the subjective symptoms of pain, noting character and locality and conditions of aggravation or amelioration, the sides of the body, the time of occurrence and of amelioration or aggravation. Having done this, we now proceed to select the remedy for the patient. I ought to have said we also make the usual physical examination of the various organs and viscera for the purpose of diagnosis. The pathological conditions, however, are of comparatively low value for treatment. We then, from our knowledge of the remedies which have been already proved, select that one which has produced in the healthy person the symptoms which are most like to this case of disease in this patient, and if we have done this skilfully we get a cure instantly, or it begins at once in all curable cases.

Hahnemann goes on to say, paragraph 8 : " It is not conceivable, nor can it be proved by any experience in the world, that after the removal of all the symptoms of the disease, and of the entire collection of the perceptible phenomena, there should or could remain anything else besides health, or that the morbid alteration in the interior could remain uneradicated."

Now I go on to show how the physician is to proceed in the practical application of the principle implied in Hahnemann's

teaching, and I shall begin by giving another quotation of the master from *Materia Medica Pura*, vol. i., Preamble, p. 20, where he says: "The request of some friends, halting half-way on the road to this method of treatment, to give some examples of this treatment is difficult to comply with, and no great advantage can attend a compliance with it. . . .

"In order, however, to comply with the desire of my friends in this also, I may here detail two cases of homœopathic cure of the most trivial character."

I here give Case 2, where Hahnemann, by his thorough knowledge of the effects of drugs already proved by him and his disciples, was able to select the remedy which cured the patient promptly.

As we cannot all retain in our memory the provings of the many drugs in our *materia medica*, we are obliged to resort to the use of repertories, which contain in a manner easily to be used the various symptoms and their corresponding remedies. The best of these repertories in Kent's, and I have worked out this case of Hahnemann's by Kent's Repertory.

From Preamble, p. 22, *Materia Medica Pura*, vol. i., 1880.—W. E., a weakly, pale man aged 42, who was constantly kept by his business to his desk, complained to me on December 27, 1815, that he had been already ill five days. The first evening he became, without manifest cause, sick and giddy, with much eructation. The following night, about 2 a.m., sour vomiting; the subsequent nights violent eructation; to-day also, sick eructation of foetid and sourish taste. He felt as if the food lay crude and undigested in his stomach. In his head he felt vacant, hollow and gloomy, and as if sensitive therein. The least noise was disagreeable to him. He is of a mild, soft, patient disposition.

Vertigo, evening with nausea (pp. 101 and 106, Kent's Repertory): *Alum*, *amm.-c.*, *apis*, *ars.*, *bor.*, *calc.*, *carb.-an.*, *carb.-veg.*, *caust.*, *cham.*, *chel*, *chin.*, *coloc.*, *cycl.*, *graph.*, *hep.*, *kali-bich.*, *kali-c.*, *lach.*, *lyc.*, *mag.-c.*, *merc.*, *nat.-m.*, *nat.-s.*, *nicc.*, *nit.-ac.*, *nux m.*, *nux v.*, *petrol.*, *phos.*, *pic.-ac.*, *puls.*, *rhust.*, *sabad.*, *selen.*, *sep.*, *sil.*, *spong.*, *staph.*, *stront.*, *sulph.*, *tarent.*

Sour vomit, evening (Kent, p. 53.): *Nux vom.*, *puls.*

Head hollow (empty sensation), (Kent, p. 120): *Nux vom.*, *puls.*

Eructation, night (Kent, p. 484) : *Nux. vom.*, *puls.*

Mildness (Kent, p. 71) : *Puls.*

Eructation, putrid (Kent, p. 490) : *Puls.*

Aggravated by noise (*Materia Medica Pura*, *pulsatilla* symptom, *Sym.* 495) : *Puls.*

As Hahnemann says, "The patient, therefore, could not be cured by anything in a more easy, certain and permanent manner than by *pulsatilla*, which was homœopathic to the case. It was accordingly given to him, but on account of his weak and exhausted state only in a very minute dose, *i.e.*, half a drop of the thirtieth potency of *puls.* The next day he was free from all ailments, his digestion was restored, and a week thereafter he remained free from complaint and quite well."

This implies, to the neophyte, an immensity of hard work ; but by practice the work becomes comparatively easy and can be rapidly done.

It will be noted here that we do not treat a disease, so called ; we treat the totality of the symptoms in the suffering individual, that is, all the symptoms however remote from the condition of sickness presented by the sick persons, and by doing so we arrive at the remedy which cures the so-called disease.

All this, as I have said, implies an immensity of work and knowledge of the *materia medica*, which is to be obtained by a careful study of the symptomatology of drugs. Much may be done to this end by reading, say, one drug a day of Kent's *Materia Medica*, which is written in a most attractive form ; and to the busy practitioner Nash's *Therapeutic Leaders* are a great help, as the salient points of many drugs are given most concisely, and in a manner easily to be remembered.

The main and first thing to do, then, in adopting and following Hahnemann's law for the cure of disease, is to take *all* the symptoms of the patient and to carefully note them down. This is a vital principle which ought to dominate and run through the whole art of the physician. The disease, as Hahnemann says in paragraph 7 of the *Organon*, consists of the morbid symptoms of the individual, and if the physician takes only part of them into consideration

he cannot treat his patient scientifically. If a botanist only takes note of the petals and sepals of the flowering plant, and omits to note the peculiarities of the stamens and pistils and their varying relationships, &c., he is not a scientific botanist. The scientific botanist must take into consideration the whole plant, root, stem, leaves, and the various parts of the inflorescence and their various relationships. In like manner Hahnemann's axiom is true, that to treat disease successfully—to cure—we must take note of all the symptoms. One great point to be followed and noted is, that we do not treat diseases as diseases. In fact, it has been aptly said that any drug can be curative in any disease. We treat the patient and the suffering individual.

In the *Materia Medica Pura* and in the *Chronic Diseases* the theory of the mode of action is given, and afterwards there is given the symptoms of the many medicines proved by Hahnemann and his disciples. All these provings are worth the study of the physician, but in Kent's repertory they are all presented in a manner easily referred to. In the teachings of Hahnemann as given in his works the *Organon*, *Chronic Diseases*, *Materia Medica Pura*, we have presented to us the foundations of scientific therapeutics.

There are many other points to be considered and understood before we can master the science; for instance, the different values of the various symptoms, *e.g.*, the mental and moral symptoms, the likes and dislikes, the ameliorations and aggravations, all such symptoms as the patient predicates of the whole being. One more subject might be added, *i.e.*, the question of potency of the remedy. That is, however, a mere secondary matter. The thing to get at is the similar remedy, and the question of potency will right itself. My experience is that the more similar the remedy the higher we can go with benefit to the patient. Naturally, when we get the simillimum we find that the smaller the dose the more efficaciously it acts.

Since Hahnemann discovered and enunciated his law of cure, all those who have followed his teachings and persevered in studiously following out his rules, have become more and more proficient in obtaining cures, and more skilled in the selection of the remedy. This means the never-ending study

of their patients, for (except perhaps in epidemic diseases, where, after the remedy for the first case of the epidemic has been found, the subsequent cases of the same epidemic disease may yield to the same remedy) each individual patient requires his symptoms investigated anew. But for this the scientific therapist must carefully and indefatigably study his *materia medica*.

The *materia medica* consists of the provings of drugs which have been observed in the human being and carefully noted down. Hahnemann's law remains as true and unaltered now as when he first published it, but its usefulness is to be extended by all subsequent observations and provings of medicines.

"Homœopathy is not a shifting principle, and cannot in any sense become obsolete. Its oldest work is permanent and valuable, like Greek and Roman architecture, painting and sculpture."

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CRITICISM OF PAPER BY P. JOUSSET, M.D., IN  
MAY NUMBER OF THE "BRITISH HOMŒOPATHIC  
REVIEW," ENTITLED "EXPERIMENTAL  
THERAPEUTICS."

BY EDWARD MAHONY, M.R.C.S.

WERE this a paper of the kind ordinarily contributed to homœopathic journals, and by one of no repute in homœopathic professional circles, no reference might be called for; but considering the writer holds evidently a high professional reputation in France, and his paper has been translated for the leading English professional journal by a senior member of the staff of the London Homœopathic Hospital, without note or comment as to its character and bearing, either by the translator or any other member of the hospital staff or the British Homœopathic Association, and yet it contains such strictures on the teaching of Hahnemann himself as to say that it degenerated into hypothesis: (1) the doctrine of psora; (2) that of drug dynamization, it becomes necessary for those who have tested Hahnemann's teaching and found it true to raise a voice of no uncertain sound in defence of therapeutic truth and repudiation of therapeutic error. Dr. Jousset starts



with the admission that to Hahnemann we owe experimental *materia medica* and through it the application of the law of similars formulated by Hippocrates. These two principles, with the minute dose superadded, constitute, he says, the grandest reform ever known in therapeutics. Now come what Dr. Jousset calls hypotheses: (1) the doctrine of psora; (2) drug dynamization; are these hypotheses or proved facts, taking their due place and rank in science? Hahnemann shall speak for himself.

First as to psora, he writes: "What, then, was the reason why the continued homœopathic treatment of the non-venereal chronic diseases should have been so unsuccessful? Why should homœopathy have failed in thousands of cases to cure such chronic ailments thoroughly and for ever? In trying to answer this question, I was led to the discovery of the nature of chronic diseases . . . after unceasing meditation, indefatigable research, careful observations, and the most accurate experiments. This non-success," he says, "proved to me the fact that the phenomena which appeared to constitute the ostensible disease ought not to be regarded as the whole boundaries of the disease otherwise the disease would have been completely and permanently cured by homœopathic drugs which was not the case, but that this ostensible disease was a mere fragment of a much more deep-seated primitive evil . . . this primitive disease evidently owed its existence to some chronic miasm." Is this the language of a theorist?

Then, in discoursing on the remedies, he says: "I have often been asked the question by what signs an anti-psoric remedy may be recognized beforehand. There are no such external visible signs. The remedial virtues of certain remedies in psoric affections have been revealed to me by trying those remedies upon the healthy organism. Some of them were known to possess curative powers which seemed to me to hint at the anti-psoric character of the remedies." He instances *lycopodium* in trichiasis, table salt in arresting hæmorrhages. Is this again the language of a theorist or a mere *ipse dixit*?

(2) Drug dynamization. "The peculiar mode adopted for the preparation of homœopathic remedies enables us to develop the medicinal virtues of a drug into a series of degrees

of potency, and by this means to adapt the remedial influence of the drug with great precision to the nature of the disease. . . . This discovery is due to homœopathy. Proof is here, as ever in Hahnemann's writings, offered, not mere assertion or hypothesis. I pass on. Dr. Jousset next rejoices to find in the Pasteurian school the confirmation of the law of similars. On this point I have only two remarks to make: (1) that unless the virus is potentized it becomes a question of isopathy, which Hahnemann strongly condemns, carefully remarking that the thinking man sees that *simillimum* is the medium between *simile* and *idem*: there is no intermediate degree between *idem* and *simillimum*; (2) hydrophobia, like every other disease, affects different constitutions differently, producing variety in symptoms, and therefore calling for variety of medicaments in accordance with the individuality of persons. It has been sufficiently proved in the administration of *tuberculinum*, by Dr. Koch, what alarming results followed the administration of the crude virus in every case, and how necessary became potentization even in cases for which the virus was suitable. Dr. Jousset next speaks of fantastic *materia medica*, of infinitesimals without limit and of practice without sufficient nosographical knowledge. Dr. Jousset here intermixes in his criticisms the pathogeneses of Hahnemann with what he himself asserts to be the practice of certain physicians professedly following said pathogeneses; "survivors of Hahnemannism" he labels such. It need only be said that to prescribe on one symptom alone is as much condemned by Hahnemann as by Jousset, but to speak of subjective symptoms and of contradictory ones as of slight value indicates serious ignorance of a capacity to understand the spirit of homœopathy, and therefore of the *materia medica*. From first to last the subjective symptoms are of the most vital importance and should always lead, and as to contradictory, these are frequently of the greatest importance in diagnosing the remedy, and therefore, therapeutically speaking the disease.

Next we come to infinitesimality without limit, which we are informed "is the second error into which we do not wish to relapse. When Hahnemann's troublesome hypothesis upon drug dynamization had penetrated the Hahnemannian world,

it evoked a tendency to multiply and to overstep the dilutions hitherto fixed by Hahnemann." Jousset admits—and note that this time it is from experiment, not mere assertion—the value therapeutically of the 30th dilution, as he, in common with those who persist in refusing to see that dynamization means increase of *power* (*δύναμις*), calls it; still he admits an action upon the living cell; therefore by what right, or reasoning, or proof does he deny advance in power by a continuation of the process even as he proposes to the 20,000th dilution (*sic*). He is waiting, he says, for similar experiments to demonstrate it. Dr. Jousset does not seem to be aware of the life labours of many in and since Hahnemann's day in this direction, and whose potencies were prepared on the same principles as directed, but with the advantage of the saving of time and labour by the use of machinery in place of hand manipulation. I have used, with gratitude, several of these, but will here instance only those of Dr. Skinner, who, when in Liverpool, favoured me not only with the opportunity of seeing his machine working, but frequently with grafts of different medicines in the most varying potencies, reaching to the 50,000 and 100,000. It has been my practice now for many years to treat chronic cases with single doses of their corresponding antipsorics, and as repetition was required to go higher and higher, and with the most satisfactory results. I can assure Dr. Jousset that there is no theory in the matter, but therapeutic fact, and that the certainty of the profound and long-lasting action, therapeutically, of dynamized remedies is more and more firmly rooted in my mind year by year, not from theory but from unmistakable fact. Patients, not having the remotest idea what they are taking, will record symptoms pointing unmistakably to the action of the antipsoric which is being administered.

In his concluding remarks Jousset says, "The law of contraries and the law of similars, each in its legitimate sphere." True, but the law of contraries does *not* apply therapeutically; that Hahnemann proves, in his Introduction, by clinical proofs from allopathic sources and the *reductio ad absurdum* argument of Euclid.

Since the foregoing was written, another paper by Jousset has appeared. In offering a criticism of this paper I shall

only consider the attacks made on Hahnemann ; his pupils referred to can no doubt answer for themselves, and, in any case, the reference is too meagre to afford ground for consideration.

The first charge is that "The unique dose . . . is easily refuted as being quite in contradiction to the experimental method." In the *Organon*, Dudgeon's translation, p. 171, we read, "Every perceptibly progressive and strikingly increasing amelioration in a transient (acute) or persistent (chronic) disease is a condition which, as long as it lasts, completely precludes every repetition of the administration of any medicine whatsoever, . . . every new dose even of the one last administered, which has hitherto shown itself to be salutary, would in this case disturb the work of amelioration ; then, in order to shorten the time, where possible, the dose may be repeated at suitable intervals which experience (*nota bene*) shall have pronounced to be the best adapted for accelerating the cure to the utmost extent, yet without the vital force . . . being able to feel itself excited and aroused to adverse reactions." "Repetition," he adds a little further on, "may be repeated with the best, often with incredible results, at intervals of fourteen, twelve, ten, eight, or seven days, and where rapidity is requisite, in chronic diseases resembling cases of acute disease, at still shorter intervals, but in acute diseases . . . up to as often as every five minutes in every case in proportion to the more or less rapid course of the disease and of the action of the medicine employed, as is more distinctly explained in the last note"; which last note, with the accompanying text, I commend to Dr. Jousset's study and meditation ; only remarking that here, as constantly, Hahnemann insists on *experimentation* as the source of his knowledge.

Jousset next informs us that Hahnemann gives the treatment of whooping-cough by one dose of *dros.* 30, as an illustration of treating a chronic disease by an antipsoric remedy. Where Dr. Jousset discovered this it would be interesting to know. Drosera is given in the *Materia Medica*, not in the chronic diseases, which last alone contain the antipsorics of Hahnemann's day, and there we are told that this fearful disease, which does not, *like other ACUTE diseases*,

pass off of itself, &c. He does state that one single dose of the 30th will cure between seven and eight days. Has Dr. Jousset ever tried this, taking care, of course, that *drosera* symptoms were present?

Next Dr. Jousset makes merry over the statement that half an hour's shaking of carbonate of soda alcoholized solution produced an energy equal to the 30th dilution, pronouncing it "such nonsense," and later on asserts that we are not to receive such statements on "simple affirmations," to which no doubt all would agree: the difference between Hahnemann and Jousset being that the former asserts it as something he has proved, the latter offers no proof. Then follow some illustrations of the different actions of medicines according to, strange to say, the size of the dose, and "these effects of small and large doses are opposed one to the other." Dr. Jousset admits this as originating from Hahnemann, and that it still rules in the pharmacodynamics of all schools. His difficulty seems to me to be that he does not keep mentally distinct physiological and toxicological action and therapeutic, to which alone the law of similarity applies. There must be added also the peculiarities and idiosyncrasies of patients—a sufficiently important factor. I must, however, protest once more against the use of the term "dilution" in place of "potency," which the doctor assumes throughout his paper, as it conveys a false impression to the mind, and is most contrary to experience, as the oft-quoted examples of *sil.*, *lycop.*, *plumb.*, *nat. m.* and many others prove.

Next, on the subject of infinitesimals, the expression "exaggerated infinitesimals" is found. It would be interesting to know at what point of division an infinitesimal becomes exaggerated. The doctor himself admits there may be an effect even in the 20,000th dilution (as he calls it). Well, doctor, where does exaggeration begin, at 20,000th or 30,000th, or where? You demand proof of two kinds, the bedside or the laboratory. As to the former, there are sufficient provers in this sense, giving cases and potencies used, published in the journals, principally American, proving that the very highest potencies are most efficacious. As to the laboratory, the trend in that direction appears at present to produce chemical, physiological, toxicological results, none of which would meet

the case or advance true therapeutics. In this month's issue of the *North American Journal of Homœopathy* an account is given of obtaining serum from eels, with the guarding remark that the *toxic* effects of the blood of different eels varies often considerably. The process of obtaining the serum is stated to be by attaching the eel by head and tail to a board, incising the thorax and abdomen, then once on the pericardium; the lips of the incision are steadily held with forceps or pincers, and the aorta is uncovered. Pipettes are used, and one introduced in a section of the aorta, when each beating of the heart will raise up the blood into the pipette. The question must arise how far such a process of obtaining it would modify the properties of the serum. It is, moreover, added that only Dr. P. Jousset has so far endeavoured to collect in due form the physiological effects of the serum of the eel. As to machine-prepared medicines, I can only say I have used Jenichen's, Kent's, Swan's, Fincke's, and, above all and most of all, Skinner's, and have confidence in all. It is a practice with me in chronic cases, and in the use of antipsorics, to give single doses, and in repeating to go higher, and with satisfactory results.

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### Clinical Cases.

#### CLINICAL NOTES.

By A. E. HAWKES, M.D.

*Medical Officer, Hahnemann Hospital.*

ON July 9, 1908, J. M., aged 52, the subject of peripheral neuritis, sought relief from the following symptom, which had troubled him for three days. He felt, he said, as if a dull instrument were being pressed through the right temple. The pain was confined to the right side, but it extended almost to the middle of the forehead, approximately from the temporal fossa to the frontal eminence. *The Cypher Repertory* directed attention to *cocculus* and other medicines, and in Allen's *Handbook*, p. 378, line 31, transferred from Hahnemann's *Materia Medica Pura*, the symptom is detailed thus: "Inward pressure in the right temple, as if a dull instrument slowly pressed deep into brain." Relief came

in a day or two, after a few doses of *cocculus* 3, but the pain had not entirely gone until a fortnight afterwards. It may be remarked that Hahnemann was indebted to Gross for the proving.

### Hospital and Provincial News.

\*.\* The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this division, we would point out that this section is reserved for:—

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

### DEVON AND CORNWALL HOMŒOPATHIC HOSPITAL, PLYMOUTH.

REPORTED BY DR. NEWBERY.

IN the April number of the *Homœopathic World* there was an article on the "Influence of Belladonna in Suppurative Inflammation." As our institution is situated practically in the centre of the town, we get a great number of acute inflammatory conditions resulting from accidents, &c. I determined to try *belladonna* on the first opportunity. I had not long to wait for a day or two after reading the article above referred to I noticed one of the nursing staff had one of her fingers tied up, and was manifestly in great pain. On enquiry I found she had been suffering for five days with a whitlow on the index finger, the anguish of which had kept her awake for three nights. She thought it was ready to be "opened." I thought so too, for there was pus all round the base of the nail, and I prepared to make a free incision. Then I thought this was a good opportunity to try *belladonna*. As there was no strength mentioned in the *Homœopathic World*, I ordered a compress of *tinct. bell.* one part, hot water seven parts, to be renewed every three hours. The effect was magical; pain ceased immediately, and nurse had a good night. The next morning the inflammation was entirely gone; on raising the skin only a little thin serum flowed, and the finger was well in a day or two.

The next case was one of a more serious nature. A man came up to the out-patient department one morning with a septic hand, which he had been poulticing for a week. *Bell.* compress  $\frac{1}{4}$  twice daily was ordered, and no incision was required.

Mrs. D. had a septic hand from a whitlow, the inflammation extending to the wrist. The pain was intense, and patient had not slept for nights. This time a compress of equal parts of *tinct. bell.* and hot water was ordered, and she was given a supply to repeat it every three hours at home. The next morning, when she came up for dressing, the hand was practically well.

On May 15, V. R., a powerful labouring man, was first seen at his own home. The man was in bed, manifestly with general constitutional disturbance. He had a small punctured wound on the back of the left hand, from which a little foul pus was discharging. The wound was said to have been caused by a rusty nail about a week previously. The whole hand and arm were intensely swollen and painful, enlarged gland at elbow, and the whole limb brawny. It was, in fact, a bad case of acute cellulitis, requiring prompt measures. These would, no doubt, formerly have been free and deep incisions, *creolin* baths, *boric* fomentations, &c. Patient had not slept for several nights, and had a temperature considerably over  $101^{\circ}$ . He was admitted to the hospital, and hot fomentations of *tinct. bell.* and water, equal parts, were applied to the hand and forearm every three hours, while he was given *gtt. ii. bell.* 1x 3h. by the mouth.

The next morning the patient was reported to have had a very good night; the pain and swelling had gone down, and there was a free discharge of pus from the original wound; temperature normal. As there was some inflammation above the elbow, the fomentations were extended to the shoulder, but the strength was reduced to  $\frac{1}{4}$ . Everything went satisfactorily, and patient was discharged on the eighth day.

The influence of *belladonna* in suppurative inflammations being thus confirmed, hot *bell.* fomentations have become a routine practice in our out-patient department, with the most satisfactory results.



## Correspondence.

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

GENTLEMEN,—If Dr. Margaret Tyler's scheme for the propagation of homœopathy in Great Britain has done nothing else, it certainly has roused those in authority amongst us to a sense of their duties. The October number of the Review bears full testimony to this fact. Here, in England, there are to be given lectures under the Honyman Gillespie Trust, and in order that recently qualified men may be able to attend them without feeling the incubus of monetary considerations, scholarships are to be awarded them to defray the cost of living, &c., during the time they attend these lectures. All this is excellent, and every student of homœopathy must feel interested in the scheme, and hope that a large measure of success may be granted to it. And this scheme seems to have arisen as an attempt to do here, in England, what Lady Tyler and her daughter have thought might be better done in America. Hence this letter.

Why has the opposition to the scheme for sending men to America arisen? Has not the British Homœopathic Association been doing on a smaller scale the very work, the scope of which Lady Tyler and Dr. Tyler have now offered to enlarge? Each year, since 1904, the Association has sent out one scholar to America, whereas Lady Tyler and Dr. Tyler now offer to send three additional scholars annually. Why there should arise such bitter opposition to this scheme is not clear.

In the October number of the Review, in the several articles and letters, questions are asked which appear to be answered in other parts of the journal. In the article entitled "Our Educational Number" (p. 585) the question is asked, "Are we not competent to train our own men?" If we turn to the article "The New Era for Homœopathy" (p. 587), we find a short account of various attempts to found a School of Homœopathy in London, none of which appears to have had continued success. Mention is also made of the lectures given under the auspices of the British Homœopathic Association, especially those of the brilliant

year when Dr. Nash came over. Candidly, did any others than already recognized homœopaths attend those lectures?

Again, on p. 621, Dr. Proctor asks, "Is it likely that qualified men will be willing to go to college again, as pupils, to learn homœopathy, either at home or in America?" The answer is that they have done so each year as the scholarships have fallen vacant. And I would remind Dr. Proctor that voluntary attendance at lectures on medicine, materia medica, and therapeutics, and also attendance in the homœopathic hospitals and dispensaries to witness the actual demonstration of the power of homœopathy to cure disease, is a very different matter from compulsory attendance on courses of lectures for the purpose of cramming for examinations.

The fact of the matter is, that we in England cannot, in the present state of affairs homœopathic, give the systematic training which can be obtained by attendance at a session of one of the American homœopathic colleges. And recognition of this fact implies no inferiority in the capabilities of our own homœopathic physicians and surgeons. Our own men have not the time to devote to educating others that professors and demonstrators in a college must perforce give. Nor can a large number of men be devoted to the teaching of each subject.

To give a concrete example. In 1905, at the Hahnemann Hospital in Philadelphia, there were nine physicians accredited to the teaching of medicine, materia medica, and therapeutics, in the in-patient department, and, roughly, about thirty in the out-patient department. This excludes entirely the surgical, gynæcological, orthopædic, ophthalmic, and other special departments. Now, with a large staff like this the work can be greatly divided, and each teacher need only take two or three cases at a session, and can devote his time entirely to teaching. And as one who has had experience of their methods and the way in which the choice of a suitable remedy for each case of disease is demonstrated, I unhesitatingly affirm that it cannot be expected that a physician at the London Homœopathic Hospital, with twenty or thirty patients to attend to, can possibly have the time to spare to give such teaching systematically. It is possible that he might arrange to have two or three patients attend when he

is not on duty, and to hold a special class then; but here comes in the question of his private practice and the finding time for the class. Whereas, in such a college as has been described, the teaching goes on every day and all day. And so I say that we in England cannot undertake the work at present, whether we like it or not; until we are stronger numerically we must be content to follow the "enervating policy of delegating our educational duties into the hands of strangers and foreigners" spoken of on p. 586, in the article entitled "Our Educational Number."

Confident as I am that Miss Tyler's scheme is the best for the present moment, I cannot help feeling that the method she chose for putting it forward was an unhappy one. Apart from this, there is only one criticism that I would offer. The scheme provides that each scholar must promise on his return from America to take up a resident post in one of our homœopathic hospitals. This, I feel, is a mistake. It looks as if the men were to be coerced into practising homœopathy once they have accepted a scholarship. Would it not rather be wiser to leave them a free choice in the matter, relying on the truths of homœopathy to furnish their own convictions as to the superiority of the Hahnemannian over other systems of therapeutics?

Yours sincerely,

F. W. HAYES.

3, Reginald Terrace, Leeds,  
October 9, 1908.

#### A CORRECTION.

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRs,—Allow me to point out an inferential error which occurs on p. 518 in the September issue, *re* "British Medical Association and Homœopathy." It is stated at end of paragraph that the Lancashire and Cheshire Branch had excluded homœopaths from membership. It is true that the Branch (of which the writer is a member) passed a resolution that in future homœopaths should be excluded from the Branch, and this resolution would in due course be passed on to the Central Council by the Secretary. The latter, however, courteously pointed out that such resolution was inept,

because the rules of the British Medical Association admitted "all Registered Medical Practitioners." Of course, as someone else said, it was open to the Branch to blackball a candidate; *voilà tout!*

Yours faithfully,

THE HOMŒOPATH WHO WAS PRESENT AT THE  
MEETING REFERRED TO.

September 8, 1908.

[We regret that, by an oversight, this letter was omitted from our October issue.—EDS. *B.H.R.*]

### HOMŒOPATHY AND YOUNG MEDICAL. GRADUATES.

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRs,—It would appear that one of the main objects of the British Homœopathic Association is to bring young medical graduates into contact with homœopathy by inviting them to go to a homœopathic college for about six months, the Association undertaking to pay the expenses.

This is a very laudable object and a most liberal offer, and greatly to the credit of the supporters of the Association. It is also likely to be of much benefit, not only to the public, but to medical science and to the members themselves of the medical profession. It is therefore deserving of hearty support by both the public and the profession.

There is an ample field for such an enterprise. A large number of medical students become qualified every year. Few of these will be contemplating, or be likely to be able to pay for, any kind of "post-graduate course." Most of them will likely to be thinking they have had lectures and hospital teaching enough, and are qualified for, and must now seek, some remunerative professional employment. How shall they find this? The spheres open to them are such as public charitable hospitals\* and dispensaries, parochial and municipal institutions, assistantships to busy senior members of the profession, ship surgeoncies, &c.; or, if they have private means, some place to settle in for practice. Anyway, most of them will be in an unsettled state and on the look out.

This, therefore, is the time to bring under their notice the proposals of the British Homœopathic Association—and it

should be taken advantage of. How can this be done? By advertisement. And as the professional journals are closed against such, the Association will be justified in making use of the lay press. Let the Association advertise a little before the times of graduation, in the daily press, wherever there is a licensing board—London, Liverpool, Manchester, Leeds, Durham, &c.—with some such advertisement as the following: “Wanted, out-door medical officers, to attend and prescribe at dispensaries (homœopathic) for about an hour each morning, and to visit in the district cases unable to attend at the dispensary. Salary, £150 per annum, with permission for private practice.” Such an offer would be very tempting to many a young graduate.

These appointments have been in successful operation in connection with the Liverpool Hahnemann Hospital and homœopathic dispensaries for many years, and have been the means of indoctrinating a goodly number of young medical men and starting them in homœopathic practice. The plan has also been adopted at Southport in connection with the Cottage Hospital there. It would be well were it adopted in connection with the London Homœopathic Hospital. There are room and call for them in the different metropolitan districts; also elsewhere wherever there is a homœopathic dispensary or cottage hospital; for instance, in Bath, Birmingham, Bournemouth, Bristol, Bromley, Eastbourne, Hastings, Leicester, Manchester, Plymouth, Tunbridge Wells, &c. Let the Association offer the £150, or part of it, for this purpose. Doubtless the supporters of these institutions would contribute a portion of the cost.

It is quite probable young graduates might object that such appointments would ticket them as countenancing homœopathy before they knew much about it, and would bring them into collision with their recent teachers and their old family doctor. This would be obviated by allowing the applicant to choose his locality. This would also enable him to escape such surveillance, and he would have friends in the other officers and have their encouragement and counsel in the endeavour to treat the cases symptomatically; he would also have the use of the dispensary library in reading the *materia medica* and other books.

Or perhaps a better plan would be the one suggested on p. 614 of the October Review, namely, assistantship for six or twelve months with a busy homœopathic practitioner, one with a large midwifery or club practice, especially in country districts where there are only one or two homœopathic practitioners, as used to be the case in Northampton, Taunton, Liverpool, Manchester, &c. Let the Association advertise for such about the time and in the manner of the former advertisements, offering the £150 for the purpose, say, £100 to the practitioner and £50 to the assistant himself. Such appointments would doubtless meet the views and necessities of many young graduates; and here the senior would have the responsibility and the assistant would have his help, encouragement and counsel, with the use of his library.

Either of the foregoing plans would offer excellent opportunities which enquiring graduates would be glad to seize for the purpose of testing the efficacy of homœopathic treatment and comparing it with that of the old school; and in either sphere the graduate would be brought into direct contact with the every-day run of a doctor's work, which, as a student, he had not been, with such illnesses as colds, coughs, bilious attacks, diarrhœa, constipation, bronchitis, pneumonia, rheumatism, neuralgia, measles, scarlatina, whooping cough, and such-like diseases which are seldom seen in ordinary hospital work.

Yours truly,

JOHN W. HAYWARD.

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*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

SIRS,—It is incumbent on me to state that the radio-active apparatus and preparations utilized during the introductory lecture of the Gillespie Course, at Chalmers House, were kindly provided by Messrs. Armbrecht, Nelson and Co., of Duke Street, Grosvenor Square. My best thanks are due to this firm for their most interesting provision.

I am, yours truly,

GEORGE BURFORD.

### Obituary.

JAMES EBENEZER HARDY, M.B., C.M.(EDIN.),  
M.D.(PHILA.).

By the death of Dr. James E. Hardy, of Glasgow, a well-known figure in local art and literary, as well as professional, circles has passed away. Curiously enough, looking to his practice of the fine arts later on in life, Dr. Hardy began his career amid the stress and din of war. Born in Norfolk, Virginia, he fought for the Southern States in the American Civil War. Subsequently he studied medicine at Edinburgh University, and after taking his degree returned to America, where he practised for six years in Baltimore. When his father died he came to Scotland and spent two years in Dundee. At the end of that period he decided to set up as a general practitioner in Glasgow, and for thirty years he enjoyed the respect and esteem of a large circle of friends, among whom his geniality and culture made him very popular. Art and music were his hobbies, which he indulged by his membership of the Palette, Art, Musicians', Cronies, and the Pen and Pencil Clubs. He frequently played the viola in chamber music, and in the April of 1893 the ladies' orchestra, which he organized, made a very successful *début* at the "ladies' night" of the Palette Club. The doctor himself arranged the music for the orchestra with great skill. He possessed a singularly happy and genial disposition, and will be greatly missed by a wide circle of patients and friends. At the time of his death Dr. Hardy was in his sixty-sixth year.

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### Therapeutic Digest.

SCIENTIFIC DEMONSTRATION OF THE ACTION OF HIGH DILUTIONS.—Dr. P. Jousset has published in the September number of *L'Art Médical* an account of some important experiments he has made, which prove the action on living matter of dilutions of salts carried as high as the fiftieth centesimal dilution. We give a translation of Dr. Jousset's communication :—

"For some years I have been seeking for a convincing demonstration of the action of infinitesimal doses. Proofs drawn from a clinical source have always seemed to me deficient. To the most irreproachable observations one can always reply by invoking a coincidence or an error in diagnosis; and if an enlightened criticism demonstrates that these objections are usually only made because the objectors do not wish to be convinced, it is none the less true that clinical proof is of value only for doctors who already believe, and that it for the most part fails when it is addressed to an opponent of the action of infinitesimal doses.

"Proofs obtained from the laboratory have a much higher value, and the demonstration which they bring is so evident that it triumphs over prejudice and one-sidedness, and causes absolute conviction.

"Why has proof obtained from the laboratory this power? It is because, as Claude Bernard said, an experiment repeated under the same conditions always gives the same result; it is also because it is always possible to verify results announced by conforming to the technique employed by the first experimenters. Hahnemann supports his therapeutic reform upon theories more or less disputed, and on clinical observations, and the results which he has announced are still contested by a great many doctors.

"Pasteur re-edits Hahnemann; he treats a morbid state with the microbe which produces it (*similia similibus curantur*), rabies with rabies, diphtheria with diphtheria, &c., but he prescribes these curative toxins in the diluted state and employs infinitesimal doses. And no one disputes the teachings of Pasteur. Why? Because these teachings rest upon laboratory work which is absolutely indisputable.

"Therefore, impressed by the considerations we have just mentioned, we have sought once more in laboratory experiments the demonstration of the efficacy of infinitesimal doses, and if we have chosen *Aspergillus niger* and the salts of silver for this experiment it is because we have been led to employ them by the advice of Professor Robin. This doctor, whose elevated mind understands all the problems of therapeutics, and who, by his work on colloidal metals, has demonstrated in a masterly way the action of infinitesimal doses, advised



us some years ago to repeat the work of Raulin on the influence of *salts of silver* upon the growth of *Aspergillus niger*. It is, therefore, in verification of Raulin's work that we have, after the lapse of some years, commenced the labours the result of which we give to-day.

"I recommenced these experiments in the month of January, 1908, and I have tried to make the technique more irreproachable than in the former experiments. I have recollected that, when it is a question of studying variations impressed on living entities, one ought to take count of all the conditions of the experiment; one must never forget that in this kind of work the smallest modifications in the conditions of the experiment can change the results. This is the kind of technique that I have employed in my latest experiments.

"We ourselves make the fiftieth dilutions of *nitrate of silver* according to the method of Hahnemann: that is to say, we pour two drops of a dilution into 5 grammes of sterilized water, and we shake the flask briskly so as to obtain a perfect mixture. We take eleven sterilized Piétri dishes (*boîtes de Piétri*). Three bear the label 'Control,' eight receive the first, the second, the third, the sixth, the twelfth, the thirtieth, the fortieth, and the fiftieth dilution. These last dishes each receive 20 cc. of Raulin's liquid, the controls receive 5 cc. more because the dishes holding the dilutions will presently receive that amount as dilution, and the controls and the dilutions should necessarily be equal in this respect. Each Piétri dish receives 10 drops, measured from a drop bottle, of a culture of *Aspergillus niger*, which has been broken up by shaking in Raulin's liquid and filtered through a sterilized cloth. There only remains to add the 5 grammes of the dilution, the first to the fiftieth, as the case may be, and to place the Piétri dishes in conditions of light and heat as similar as possible. From the eleventh to the fifteenth day, varying with the external temperature, when the growth of the aspergillus has ceased to progress, the mycelium of each cell is placed upon a square of paper. Drying is done in the open air, and one must wait until it is complete before weighing the mycelium.

"The results which I have obtained this year confirm, in their chief outlines, those obtained in 1903.

"The first result, which seems to me henceforth indisputable, is that *nitrate of silver*, even in the fiftieth dilution, diminishes the growth of *aspergillus*, so that the weight of the mycelium produced in the dishes cells which have received the dilutions of *nitrate of silver* is always less than the mycelium of the 'controls.' A second result, which had escaped me in my former experiments, and which seems, if not definitely proved, at least to have had new light thrown upon it, is this apparently paradoxical fact with regard to the effect of successive dilutions on therapeutical activity, the successive dilutions from the twelfth to the fiftieth add nothing to the activity of the drug, since the weight of the mycelium is absolutely similar in all these dilutions.

"To prove the preceding statements, we will now give the result of the experiments made since the month of January, 1908 :—

## EXPERIMENT OF JANUARY 15.

						Weight of the mycelium.
3rd dilution	...	...	...	...	...	0.80
6th "	...	...	...	...	...	0.75
12th "	...	...	...	...	...	0.85
30th "	...	...	...	...	...	0.80
40th "	...	...	...	...	...	0.75
50th "	...	...	...	...	...	0.80

"The three controls present the same weight : 0.90.

"*Remarks.*—The growth of the third dilution was delayed, the mycelium having developed three days later than that of the controls, and sporulation having been also delayed by three days; yet the weight of the mycelium reached 0.80, higher than the sixth dilution, which was only 0.75, and lower than the controls, 0.90.

"In all our experiments we have noted this delay in the growth of the third dilution; only when the external temperature was very elevated this delay has been but for twenty-four hours. The sixth dilution, which in all the experiments produced a weight of mycelium less than that of any of the other dilutions in the experiment of January, is less than that of the third, twelfth, thirtieth, and fiftieth. But, by an exception that cannot be explained, it is similar to the fortieth, represented by the figures 0.75. The twelfth, thirtieth, and fiftieth present weights of mycelium very much

alike, 0·80 and 0·85. All are inferior to the controls, 0·90. The first two dilutions remained sterile, as is always the case.

## EXPERIMENT OF MAY 22.

3rd dilution	...	...	...	...	...	0·27
6th "	...	...	...	...	...	0·26
12th "	...	...	...	...	...	0·31
30th "	...	...	...	...	...	0·3
40th "	...	...	...	...	...	0·30
50th "	...	...	...	...	...	0·32
Controls	...	...	...	...	...	0·37

"The same remarks made on the experiment of January are applicable to the third and sixth dilutions, where the weight of mycelium continues the lowest; the twelfth, thirtieth, fortieth, and fiftieth have much the same weights; all are inferior to the controls.

## EXPERIMENT OF JULY 6.

3rd dilution	...	...	...	...	...	0·38
6th "	...	...	...	...	...	0·325
12th "	...	...	...	...	...	0·386
30th "	...	...	...	...	...	0·36
40th "	...	...	...	...	...	0·365
50th "	...	...	...	...	...	0·368
Controls	...	...	...	...	...	0·431

"This experiment gives results very like the preceding; with this difference that the external temperature, being very high, 25° in the shade, the third dilution commenced to grow twenty-four hours after the others. The weight of the mycelium of the sixth is, as always, the lowest, 0·32. As is also always the case, the weight of the mycelium is greatest in the controls.

"We can therefore maintain the conclusions already announced.

"(1) Absolute sterility of the first and second dilutions.

"(2) Uniformly delay in the growth of the third dilution, with this paradoxical fact, that the weight of the mycelium is greater than in all other dilutions.

"(3) The sixth dilution uniformly presents a weight of mycelium less than the other dilutions; it will therefore be more active than the others.

"(4) The twelfth, thirtieth, fortieth, and fiftieth give weights of mycelium not quite the same, but very similar. It

is remarked that the small differences in weight in these four dilutions are not in regular relation with the dilutions themselves ; it does not follow, for instance, that there is a regular increase from the twelfth to the fiftieth, but differences occur which are essentially irregular, and arise from conditions of which we are not cognizant. Sometimes it is the fortieth which shows the least weight (experiments of January and May), sometimes it is the thirtieth (experiment of July).

"(5) The weight from the dilutions has in all cases been less than that produced by the controls.

"Thus our preceding statements are justified ; infinitesimal doses up to the fiftieth dilution possess an evident action on the growth of *Aspergillus niger*, and we think we can add that in the present state of science it is illogical to deny the therapeutic action of pharmaceutical preparations which have an indisputable effect on vegetable organic life.

"Our second statement, absolutely denying the power of successive dilutions to develop the therapeutic energy of a drug, is established experimentally by the very similar results of the fiftieth and of the twelfth dilutions upon the growth of *aspergillus*.

"(6) The more considerable activity of the sixth dilution is, perhaps, a justification of the much more frequent use, at least in France, of that dilution.

"We think that it will be very interesting to apply this method of research to dilutions raised to an extreme infinitesimal, the 100th, 200th, and even 20,000th.

"Let us add, finally, that in some experiments previously made I found that the *bichloride of mercury* had a greater effect upon the growth of *aspergillus* than the *salts of silver*, and that, on the contrary, *salts of gold* seem inactive."

(Translated by Dr. STONHAM.)

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#### DEATH OF DR. HALE, ROCHDALE.

JUST as we go to press we have received notice of the sudden death of Dr. Hayle, Rochdale. We hope to give further particulars next month.

## Reviews of Books.

*A Clinical Materia Medica.* A course of lectures delivered at Hahnemann Medical College of Philadelphia. By the late E. A. Farrington, M.D. Reported phonographically by Clarence Bartlett, M.D. With a memorial sketch of the author by Aug. Korndörfer, M.D. Fourth Edition, revised and enlarged by Harvey Farrington, M.D. 826 pages, 8vo. Cloth, \$6.00, net., half morocco, \$7.00, net. Postage, 40 cents. Philadelphia: Boericke and Tafel, 1908.

The fourth edition of the late Dr. Farrington's *Clinical Materia Medica* has just reached us from the publishers. The day is long passed when it was necessary to recommend and eulogize this admirable work. It has taken its place for some years as a homœopathic classic, and in America is a standard text-book in the homœopathic colleges.

Of the many who have taken upon themselves to set forth the *materia medica* of homœopathy in a practical and readable form, two names stand out in clear relief, these are both Americans, Carroll Dunham and Farrington. Both lived, worked, and died at about the same time, and together did more to advance the study of homœopathy in the States by their clinical demonstrations and lectures than perhaps any others since the days of Hering and Boenninghausen. Farrington's work has proved the more permanent of the two, chiefly because it is the more complete, and also because of its literary charm. We believe there are hundreds of practitioners in America who attended the late Dr. Farrington's lectures, and imbibed their love of homœopathy, and the solid foundation of their drug knowledge, from his lips.

The present edition contains one new lecture on *natrum arsenicatum*, and some forty pages of fresh matter, culled from the notebooks of the author by his sons, Drs. Ernest and Harvey Farrington. The seventy-three drugs described and compared in this work include, of course, all the polychrests, and a good selection of others in most common use. But the great feature of the book and its most valuable and almost unique characteristic, is the graphic style in which each remedy

is here presented to our mental vision. No mere list of symptoms, or dry description of the principal uses of a medicine is given, but rather a vivid picture of each remedy is portrayed before one as if it were an organic whole, in fluent and readable language, which seems to make the dry bones of *materia medica* live before us. Further, each drug is not regarded as a separate entity, but its relationships with allied remedies, with their corresponding symptoms, similar or dissimilar, are all portrayed before the reader with a graphic simplicity of style which readily impresses the memory, and serves to link up many previously disjointed facts. In this country we can recall one writer who could invest a drug with interest by his literary style, we refer to the late Dr. Richard Hughes, in his *Pharmacodynamics* and lectures. But here the analogy ceases, for this work presented the drugs from the old school standpoint, the finer homœopathic relationships being omitted, whilst Dr. Farrington gives us the complete homœopathic picture of each remedy, every prominence being given to the various grades of symptomatology which illustrate the continuous working of the law of similars.

The present time is an especially fortunate one for the re-issue of Farrington's work. It is just what is wanted for the course of lectures and clinical demonstrations on the homœopathic practice of medicine now commenced at the Association's rooms and the London Homœopathic Hospital. We trust that the example of the American colleges may be followed, and this *Clinical Materia Medica* selected as a textbook for these classes and demonstrations.

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*The Lesser Writings of C. M. F. von Boenninghausen.* Compiled by Thomas Lindsay Bradford, M.D., author of "Life of Hahnemann," "Homœopathic Bibliography," "Index of Provings," "Pioneers of Homœopathy," &c., &c. Translated from the original German by Professor L. F. Tafel. 350 pages, 8vo. Cloth, \$1.50. Postage, 15 cents. Philadelphia: Boericke and Tafel, 1908.

The name of Boenninghausen is almost forgotten amongst the present generation of homœopaths. And yet he was one of the most famous disciples of Hahnemann, and indeed may be called the "father of high potencies," for, whereas

Hahnemann used 30 as the highest potency advisable, Boenninghausen ran up to the 200th during the master's lifetime, in which step he is said to have received his approval.

Boenninghausen died in 1864, at the age of 79 years. For many years few names occurred so often in the history of homœopathy as his. He was a prolific writer, and under the heading "Bibliography" in the book before us, nearly seven pages are occupied by a list of his writings and published papers. Living at so interesting a time, when homœopathy had but just burst upon an astonished medical world, and all medical matters were cast into the melting pot of experimental proof, Boenninghausen wrote many able papers during the infancy of our science. We believe that his repertory was the first complete work of the kind published. Although somewhat out of fashion, it is a reliable guide, and still preferred by many workers to the more recent books of its kind.

The collection of lesser writings now published for the first time in book form, which lies before us, makes a goodly volume of 350 pages, produced in the well-known style of Messrs. Boericke and Tafel of the Philadelphia publishing house. Dr. Bradford must have taken immense trouble to search out in old German magazines and pamphlets the matter which he has put together. The translations have been well done into readable English by Professor L. H. Tafel. The subjects cover a wide field, many of value, some chiefly of historical interest, and a few quaint and curious to modern ears, but all on matters homœopathic, and interesting to homœopaths. The collection opens with a brief paper on the "smelling of medicines," in which a severe reproof is administered to a medical sceptic who cavilled at the novel method of administering, or rather "presenting," drugs by olfaction, which Hahnemann was then recommending. We have always looked upon this as one of the fancies of an old man's dotage, which had been almost forgotten. But who can say in these days of dissociation of atoms into ions, and of emanations of radio-active substances, that such an effect is an impossibility?

The papers on high potencies, then first attracting the attention of homœopaths, are of marked interest. Many striking cases of cure are given of various diseases. Experi-

ences with their use in typhoid, small-pox, and Asiatic cholera are always welcome. We also find a repertory of "sides of the body," often a hard nut for the homœopathic babe to crack, but which the experienced prescriber will do well to note and study. A table of drug affinities follows this, and is by no means obsolete, although necessarily many modern drugs are conspicuous by their absence. To the student of homœopathy these "lesser writings" will appeal with especial interest, and from an historical point of view the book supplies a fund of interesting information as to the ideas, studies, and controversies of the early fathers of our system.

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### Notices, Reports, &c.

#### NORTHERN COUNTIES THERAPEUTIC ASSOCIATION.

THE third meeting was held in the Board Room of the Leeds Homœopathic Dispensary, on Thursday, October 1, 1908.

Dr. Pritchard read a paper on "Some Involuntary Lead Provings" as caused in the Dewsbury district by the presence of lead in the drinking water. He mentioned only those symptoms which he had met with in his own professional experience. The symptoms included recession of the gums, caries of the teeth, metallic taste in the mouth, pressive headache on the vertex, mental depression sometimes going on to actual delusions of persecution, epilepsy, convulsions, extensor paralyses, anorexia, colic, vomiting, constipation, chronic renal affections, albuminuria, suppression of urine and uræmic convulsions, cramps in the limbs, and a condition of the joints very similar to that known as rheumatoid arthritis. The chief symptom met with is anæmia of the type characterized by loss of hæmoglobin rather than by actual alteration in the number of blood corpuscles. It differs from chlorosis in that it occurs in both sexes, and in adults as well as in adolescents. The skin is dull and heavy in texture rather than pale and fine.

In the treatment of this condition the great thing is to study the totality of the symptoms and to fit the symptoms to



the remedy. The chief remedy is *cuprum sulph.* Others useful are *ferrum*, *nux vom.*, *opium*, and *arsenicum*. *Kali iod.*, so much vaunted in text-books, is of little use in practice.

Dr. Pritchard remarked that with all these symptoms one would have expected *plumbum* to rank with the *polychrests*, but he had been disappointed with its use, particularly in cases of Bright's disease and constipation.

It was unanimously decided that at each meeting of the Association a paragraph from the *Organon* of Hahnemann should be read and its matter discussed.

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#### BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the Session was held at the London Homœopathic Hospital, on Thursday, October 1, at 8 p.m.

Dr. W. CASH REED, the newly-elected President, took the chair and delivered his Presidential address. It was entitled, "Esto Vigilans," and was listened to with marked interest and attention by the audience. The address dealt with current homœopathic medical politics, and touched on many points. The principal lines of progress advocated were (1) the summoning at no distant date of a Universal Homœopathic Congress, to which representatives of homœopathy should be gathered from all parts of the world; (2) the widening of the bases of our hospitals in order that they may include all departments of medical and surgical practice, and so furnish an opportunity for the display of the efficacy of homœopathic therapeutics in all the ailments to which the human body is liable; (3) the fostering of corporate life among ourselves. This was an appeal to close up our ranks and assist one another by acts of mutual friendship and sympathy; (4) the further enlightenment of the profession on the subject of homœopathy; (5) fresh endeavours to show the laity what homœopathy is; and (6) last, an appeal to uphold our principles and strengthen our position, in order that we may be ready to take advantage of the crisis which will come when the principles of homœopathy will be rediscovered by the allopathic school and put forward under another name.

Dr. DYCE BROWN proposed, and Dr. BURFORD seconded,

a vote of thanks to the President for his address. It was carried by acclamation.

By the kind invitation of the President, the members then adjourned to the Hotel Russell, where supper was provided. A feature of this part of the evening was the presentation of the Dudgeon Golf Cup, which this year was won by Dr. Mason, of Leicester, who defeated Dr. Pritchard in the final game. There were fourteen entries for the Golf Tournament this year, and many very enjoyable games have been played at different links during the summer. It is hoped that a larger number will compete for the cup next year. Dr. Thomas, the holder of the cup for the first year, gave an account of the winning of the final tie, and the President then presented the cup to Dr. Mason. Another very interesting event of the evening was a speech from Professor Packard, of Boston, who gave us, in a very telling manner, an account of the trend of homœopathy in the United States of America, where homœopaths have succeeded in establishing such an assured position for itself that the orthodox school is glad to offer association with them on equal terms. Professor Packard is of opinion that a complete fusion of the two schools is sure to take place, and that at no distant future.

The members separated about 11.30 with the feeling that the new session had begun auspiciously.

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Subscriptions received from September 15 to October 14, 1908 :—

GENERAL FUND.						Subscriptions.
Dr. George Clifton, J.P.	...	...	...	...	...	£1 1 0
Henry Wood, Esq.	...	...	...	...	...	1 1 0
J. P. Stilwell, Esq., J.P.	...	...	...	...	...	1 1 0
LADIES' NORTHERN BRANCH.						
E. Shorrock Eccles, Esq.	...	...	...	...	...	1 1 0
W. H. Fish, Esq., J.P.	...	...	...	...	...	1 1 0
Mrs. Francis Steinthal	...	...	...	...	...	1 0 0
Mrs. Chambers	...	...	...	...	...	0 10 0

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## HONYMAN GILLESPIE LECTURES.

THE first three lectures of this course have been devoted to a survey of the life of Hahnemann. A brief account was given of his earlier life up to the age of 35, the year of the cinchona experiment, and the state of medicine in his age was outlined with a short account of the principal theories which then guided medical practice. Hahnemann's claims to fame in fields not distinctively homœopathic, as chemist, physician, and scholar, were dwelt on, and the esteem in which he was held by many of his distinguished contemporaries noted. The first proving, the cinchona experiment, was dealt with at length, with a full discussion of its claims to be a thoroughly trustworthy observation. The various presentments of the law of similars were then narrated, and note taken of the growth of Hahnemann's various beliefs, a *résumé* of the *Organon* in especial being given. The opinions of the chronic diseases were finally discussed. Throughout these three lectures the matter has been treated from a historical point of view, and the aim has been, as it were, to set forth the various theses, which it will now be the duty of the lecturer to defend and illustrate.

## B.H.S. GOLF.

THE final round of the Tournament was played on the Sundridge Park links on September 25, between H. Mason and C. Pritchard.

The match was two rounds, total 36 holes. Pritchard motored up from St. Leonards, Mason going down from town by train. The links were wet from rain over night, but the day turned out fine.

Mason, handicap 11, had to allow Pritchard handicap 14, two strokes on each round.

Pritchard started badly by slicing into the long grass, taking three strokes to get level with Mason's drive, the latter easily winning the first hole. Mason won the next through Pritchard's putt just missing the hole. Pritchard was in difficulty at the next hole, which also went to Mason. The fourth hole was halved. At the fifth Pritchard had a stroke, but missed his drive; however, in spite of that he

almost won the hole, just missing the tin from the edge of the green by  $\frac{1}{2}$  inch. The next three holes went to the credit of Mason. At the ninth hole Mason found the bunker, and Pritchard snatched a victory. Of the next four holes Mason won two and divided two; at the fifteenth Pritchard was entitled to a stroke, but secured the hole without using it, Mason three times striking trees. The next hole Mason won in bogey; the seventeenth was divided, and the last hole in the first round Mason won in bogey, Pritchard driving his ball into the pond, so that at the end of the first round Mason had got a lead of nine holes. After lunch Pritchard played much better than he did in the morning, but Mason began well, securing three out of the first five holes in bogey; Pritchard won the second hole in 5, and the fourth in bogey 3. After getting in the bunker with his drive, the sixth hole fell to Pritchard, Mason leaving his ball in the rough. The next hole Pritchard easily won in bogey. At the eighth Mason drove a long ball which landed in a ditch, getting out of which he struck a tree, his ball bounding back again to where he stood. Pritchard was short with his drive, but made up for it with his next shot and won the hole. The next hole was divided. The long hole Mason won by a stroke, making him dormy. Pritchard secured the eleventh, leaving Mason in the pond. At the last hole Mason got a beautiful drive, Pritchard landing in the bunker; however, he got well out and halved the hole, but this gave Mason the match by 7 up and 6 to play.

H. W. T.

## FIRST ROUND.

Holes ...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Bogey ...	5	4	4	3	4	4	4	5	5	6	4	4	4	4	5	4	3	4
Mason ...	6	5	5	5	5	4	5	6	7	7	6	4	4	5	9	4	4	4
	+	+	+	0	0	+	+	+	-	+	0	+	0	+	-	+	0	+
Pritchard	9	6	7	5	6	5	†	8	5	8	6	5	4	6	7	5	4	6

## SECOND ROUND.

Mason ...	5	7	4	4	4	†	8	8	6	8	7	5
	+	-	+	-	+	-	-	-	0	+	-	0
Pritchard	7	5	5	3	6	...	4	7	6	9	5	5

+ = Won.

- = Lost.

0 = Halved.

† Lost ball.

## NOTICE TO CORRESPONDENTS.

\*.\* *We cannot undertake to return rejected manuscripts.*

**All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.**

**AUTHORS and CONTRIBUTORS** receiving proofs are requested to correct and return the same as early as possible to Dr. McLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

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Papers and Dispensary Reports should be sent to Dr. McLACHLAN, 3, Keble Road, Oxford.

Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from Dr. BURFORD (London), Dr. WYNNE THOMAS, Dr. MAHONY, Dr. A. S. HAWKES, Dr. NEWBERRY (Plymouth), Dr. J. W. HAYWARD.

## BOOKS AND PERIODICALS RECEIVED.

*St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate.*

# THE BRITISH HOMŒOPATHIC REVIEW.

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DECEMBER, 1908.

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## Editorial Notes and News.

\* \* The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

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WE are pleased to notice that the Lord-Lieutenant of the County has nominated, and the Chancellor of the Duchy has appointed, Thomas Simpson a Justice of the Peace for the County Palatine of Lancaster. We need hardly say that the Thomas Simpson mentioned is *our* Dr. Thomas Simpson, who for many years resided at Waterloo, where he is still highly thought of, and recently took up his residence at Palatine Road, Birkdale. He was for a lengthy period a member of the Waterloo-with-Seaforth Urban District Council, and was largely instrumental in obtaining the Carnegie Free Library for Waterloo. Although he has left the district, Dr. Simpson still retains the position of Chairman of the Waterloo Free Library and Museum Committee, in the work of which he takes a deep interest. We congratulate Dr. Simpson on this well-deserved honour. In homœopathic circles his name will always be intimately associated with the Southport Homœopathic Dispensary and Cottage Hospital.

\* \* \* \* \*

**Facial Paralysis in Association with Herpes Zoster.** CASASSUS (*Gaz. des Hôp.*, Paris) asks the question whether this occurs simply side by side with zoster, or if there is a bond of union, and, if so, what it is. (1) *Cold* is first discussed as an occasional cause of zoster and a frequent

cause of facial paralysis. But in many cases there is no evidence of chill. Further, a fortnight usually elapses between the eruption of the vesicles and the appearance of the paralysis. (2) The next theory is a *reflex* one, that while irritation of the fifth nerve causes the zoster, it can further, by its action on the nerve centres, also cause a motor paralysis. This might explain a reflex acting on the auditory or ocular nerve, but hardly for one affecting an intercostal nerve. (3) A third is that it is due to an *ascending neuritis*. (4) *Œdema* is another theory: this might explain it in the case of the fifth nerve, but not when the cervical plexus is implicated. (5) The *infective theory* alone remains, and this seems to provide the best solution. The infection causing the zoster is propagated to the facial nerve; the infection of the sensory nerve is primary, that of the motor nerve secondary. The action of the infection is aided by the anastomosis between the cervical plexus and the facial. In this connection it is interesting to compare the paralytic complications of zoster and those of an admittedly infectious disease, erysipelas. While on this subject one may ask how it is, for example, that *lead* as a poison nearly always picks out the musculospiral nerve as the seat of its special action, and only selects certain constant portions even of this nerve? Again, why does the poison of diphtheria show such a predilection for the palatal and ciliary nerves, and leprosy only attack sensory nerves, leaving the mingled motor strands quite untouched?

\* \* \*

**An Internal  
Remedy for  
Molluscum  
Contagiosum.**

SAKURANE, of Japan (*Dermat. Zeitsch.*, Berlin), relates his experience of a plant long known and used in Japan, the *Coix lachryma*. A decoction is made from the seeds. From 2 to 6 drachms of these are boiled in water for several hours and the fluid administered. The dose is repeated daily. He records nine cases in which the drug was successful. Four cases were children, and in them the cure resulted in the course of a fortnight on an average, while improvement took place at once. The tumours dried up and finally scaled off. It might be worth while to investigate the action of this drug by the homœopathic method. The plant belongs to the *Graminaceæ*, or grasses. The hard grains

(? seeds) are known as "Job's Tears." Various millets (sorghum, panicum, &c.) belong to the same genus and are largely grown in Africa and Asia.

\* \* \* \*

**Diagnosis of Erysipelas.**

MILIAN (*Le Progrès Médical*) gives three signs which have proved of value in doubtful cases. Mistakes are apt to occur in the diagnosis of erysipelas, especially of the face; hence he has formulated these three invariable pathognomonic clinical signs. They are: (1) The centrifugal maximum. Erysipelas advances excentrically, abandoning in succession the territories primarily involved, to encroach on healthy skin. Thus the maximum of lesions is always situated more or less remotely from the starting-point and at the margin of the patch; here, therefore, is the greatest degree of redness, of swelling, and of pain on pressure. It is thus distinguished (in the case of facial erysipelas) from suppurative dacrocystitis, dental abscess, a parotitis, or from mumps. (2) The ear sign. The skin of the pinna of the ear is firmly attached to the subjacent cartilage with little or no subcutaneous areolar tissue. Hence *subcutaneous* inflammations, such as dental abscesses, are arrested there, but erysipelas, being cutaneous, spreads over the skin of the ear. The auricle becomes swollen, red, shining, and painful to the touch. Therefore if, in the course of an inflammation of the face, the ear is involved secondarily we are dealing with erysipelas. (3) The erysipelatous area is painful, especially at the periphery—the zone of extension. In this way we define its progress on the scalp. In conditions likely to be confounded with it the pain is most acute at the culminating spot and not at a distance from the starting-point.

\* \* \* \*

DR. SAINSBURY, in his address to the London School of Medicine for Women, **The Importance of the Cell.** laid much stress on the part played by the cell. "Here in this microcosm," he said, "you shall find sufficient to engage and satisfy all your cravings for learning. Let me insist that not only medicine but surgery also are both equally dependent upon the good



pleasure of our structural unit, for what good purpose would it serve to bring the broken ends of the bone together if the osteoplastic cell failed to exert its powers? Why tie, twist, or seal the artery with the cautery unless you can count on the tissue cell to make good the ligation, torsion, or cauterization? It is manifest this corpusculum has an importance disproportionate to its size, and the question how we may influence it becomes of great consequence. Look at it as there it trails a pseudopodium or brandishes a cilium, or otherwise exhibits the fundamental property of contractility; or, again, there as it incorporates the simpler molecule and builds it up into some higher form of synthesis, or, reversing the process, breaks down the absorbed molecule into some simple grouping—in other words, as it builds up the internal secretion in the one case, prepares the excretory in the other. Now these activities depend upon processes which, being intracellular, intermolecular, are minute. How shall they be influenced, supposing them to fail in vigour or to become perverted—by knife, or forceps, or other surgical engine? This is not conceivable; only by processes not less minute than their own, processes which find room for their working within the body of the cell; only thus can they be reached. But these processes in request are none other than those we term physico-chemical, and they are just such as the *materia medica* presents."

It is much to have it acknowledged that the ultimate problems of disease are cell problems, and that the final instruments for modifying and controlling cell activities are to be found in the *materia medica*. But indeed, all that we hear nowadays from the allopathic camp is suggestive of the powers of the infinitely little in causing and curing departures from health.

\* \* \* \*

**Vaccination for Small-pox.** THERE is no standing still in medical views, and it seems that so cherished a dogma as the necessity for compulsory vaccination is in danger. A preparation for a change of view with regard to it must be going on when Sir Douglas Powell can make the following remarks<sup>1</sup>: "We have learned

<sup>1</sup> An address on "A Just Perspective in Medicine," delivered before the Guy's Hospital Physical Society on October 8, 1908.

much since the first days of inoculation for small-pox, and Jennerian vaccination as an institution is only defensible in perspective with the facts of the time, the positive facts of the appalling virulence and loathsome and fatal effects of the disease, and the negative fact of its actual cause not being then, nor even now, known to us. It was instituted in hygienic darkness; in the light of preventive science, and with the efficacy of police sanitation and the certainty sooner or later of the true nature of the disease being discovered, we may foresee the time when vaccination employed in contact areas alone may be adequate for the protection of the community."

In connection with this subject we may mention that in at least one of the States of the American Union the homœopaths have so convincingly demonstrated the efficacy of high dilutions of vaccines given by the mouth that this method of vaccination by internal medication is recognized by the laws of the State.

\* \* \* \*

**The Adminis-  
tration of  
Tuberculin.**

IT is interesting to observe how Sir Almroth Wright's discovery of the opsonins and the tuberculin treatment founded on it are gradually effecting a revolution in medical practice. At first the tuberculin was supposed to be efficacious only when administered by hypodermic injection. Then observations by Calmette and Breton showed that intra-rectal injections of tuberculin in tuberculous animals produced the same effect as subcutaneous injections. Now we have<sup>1</sup> Dr. Inman, Superintendent of the Laboratories at the Brompton Hospital for Consumption, maintaining that the same effects are produced on the temperature curve and on the opsonic curve by the taking of tuberculin by the mouth as are produced when the method of subcutaneous injection is employed. He further says that absorption from the stomach is rapid; "thus we have not infrequently seen the temperature, which was rising during the afternoon, fall within an hour of the administration of an appropriate dose of tuberculin (by the mouth), and conversely in most cases an excessive dose is followed by a frontal headache, or other clinical symptoms of

<sup>1</sup> *Lancet*, October 31, 1908, pp. 1280-1291.

undue intoxication, in from one to two hours." He considers that a dose given by the mouth is about equal to half the same dose given under the skin, but that this dose may be very small is shown by a chart which he publishes showing the effect on the temperature of an excessive dose of tuberculin given by the mouth. The excessive dose was one hundred thousandth of a milligramme, which would be equal to our fourth centesimal or eighth decimal dilution. This is certainly not the limit to which one may go, for many of us can vouch for the production of toxic symptoms from the administration by the mouth of the thirtieth centesimal.

\* \* \* \*

#### Angio-neurotic Œdema.

THIS curious complaint, a case of which Dr. Newbery published in this Journal last year,<sup>1</sup> was the subject of a lecture by Dr. Whiting at the North-East London Post-graduate College. He brought forward three cases, one fatal, from the œdema attacking the glottis, and gave an interesting résumé of the literature of the subject.

The œdematous swellings are sharply localized and may affect the skin and subcutaneous tissues and the mucous membranes and submucous tissues, and may occur in any part of the body. Patients often have attacks of severe abdominal pain, which are transient and are in all probability due to temporary intestinal obstruction from œdema of a limited portion of the gut. A most interesting fact about the complaint is that it has a strong tendency to occur in families and to attack several members through three or four generations. Out of 205 cases recorded and analysed by Dr. W. C. W. McDowell, of Auckland, New Zealand, no fewer than 110 were in family groups, and Professor Osler describes a family of thirty-six in five generations, of whom twenty-two had the disease.

A large proportion of the subjects of angio-neurotic œdema finally die suddenly from œdema of the larynx. One of Dr. Whiting's cases derived great benefit from dried thyroid gland, of which  $2\frac{1}{2}$  grains were given every night at bedtime. He found *calcium lactate* of no use. When œdema of the

<sup>1</sup> BRITISH HOMŒOPATHIC REVIEW, vol. i., pp. 289, 364, 420, 545.

glottis occurs tracheotomy should be at once performed, and the patient should thereafter wear a tracheotomy tube. Dr. Newbery's case was improved by *apis*, which would naturally be suggested by the oedema.

\* \* \* \*

**Western Counties  
Therapeutic  
Society.**

THE Autumn Meeting of this Society was held at Bournemouth on October 28. After being entertained at dinner by Drs. Nankivell and Ord, members joined at Dr. Nankivell's house, where the meeting was held. Excluding one visitor, thirteen members of the Society were present. Dr. Beale, formerly of London, now of Ringwood, Hants, was elected a member of the Society, and Dr. Frost, of Bournemouth, tendered his resignation. Dr. A. Speirs Alexander read a paper on "Recent Advances in the Treatment of Diseases of the Nasal Cavities." After a brief discussion, the President made a communication respecting the Congress Cancer Therapeutic Commission, and initiated a discussion on the subject of cancer. This followed very much on the lines of the discussion on the same subject at the recent Homœopathic Congress held in London, but since several speeches were made by colleagues who were absent on the former occasion, we hope to print a condensed account of the discussion in our next issue. The next meeting is to be held at Bath in February, by invitation of Dr. Percy Wilde.

\* \* \* \*

**A Possible  
Advance in  
Cancer Treat-  
ment.**

IN the *British Medical Journal* of October 17 appears a paper on "The Analogy between Spontaneous Recoveries from Cancer and the Specific Immunity induced by X-ray Irradiations of the Lymphatic Glands Involved." The author is Dr. H. D. McCulloch, who we are glad to notice was elected a member of the British Homœopathic Society last month. This describes an attempt to apply to cancer the methods described by the same investigator in the *Lancet* of January 26, 1907, under the title, "Observations on the Induction of Auto-vaccination in Tuberculosis

and other Chronic Glandular Affections by the X-rays, as Revealed by the Opsonic Chart in the Former." Briefly, the idea is that by the action of X-rays on enlarged glands in a tuberculous subject antibodies are produced which raise the opsonic index and act curatively on the original lesions. Dr. McCulloch claims to have proved this by a series of successful experiments in tuberculosis and its secondary infections, which he has continued with equal success since his paper appeared in the *Lancet*. In his recent paper in the *British Medical Journal*, the same principle has been applied in the treatment of cancer, with the difference that "there being no culturable micro-organism of cancer, control by the opsonic chart is not possible."

\* \* \* \*

**Successful  
Results in Cancer  
Treatment by  
Irradiation of  
Glands.**

FOUR cases diagnosed as laryngeal cancer were submitted to this treatment by Dr. McCulloch, with strikingly successful results. An area of skin of about the size of a six-penny piece over an enlarged gland was exposed to the rays from a Crookes's tube, enclosed in a Belot's shield, 5 H. units being given for fifteen minutes every fourth day. After three to twelve exposures, laryngoscopic examination showed in each case that the ulcers were rapidly healing or had healed, the glands themselves reducing or restored to their normal size, and the patients' general health vastly improved. *Apropos* of this treatment, mention is made of cases of syphilitic adenitis which have been treated abroad by the same method with good results, both in acute and chronic conditions. In the United States, Drs. Lawrence and Crane have also published articles independently on X-ray irradiation of glands, controlled by opsonic estimations, which confirm Dr. McCulloch's results. This seems to us the most important advance in the treatment of cancerous conditions that has recently been recorded, and if these observations are confirmed by subsequent investigators, it may revolutionize our conception of the relationship between enlargements of glands and the lesions—cancerous, tubercular, syphilitic, or otherwise—to which they are secondary. It also opens up a new field for treatment of unquestionably high promise.

**The Function of  
Adenomata in  
Cancer.**

HITHERTO it has been the custom to regard enlargement of glands in cancer as indicative of the spread of the disease, and such glands have always been removed in operation. But if Dr. McCulloch is right in his ideas, this conception is entirely wrong. This enlargement of glands must now be regarded as evidence of their protective action to the organism. When stimulated by cancerous poisons brought to them by the lymphatics, they commence to prepare antibodies, and become enlarged and hardened in these efforts. That the unaided result is very rarely curative we know, but there is some confirmation of the new theory in the fact that in several cases in which spontaneous cure of cancer has occurred, unusually extensive lymphatic glandular involvement has been observed. We may now hope that by X-ray stimulation, and possibly other methods, these glands may be aided in their efforts with, in some cases, curative results, as have been recorded in the paper referred to. It is noted that Professor Goldmann recently stated that the results obtained by certain German surgeons, who now operated in cancer without extirpating the involved lymphatic glands, were no worse than those obtained by others who insisted on their complete removal. We trust that Dr. McCulloch will continue his valuable investigations, and have no doubt that every aid will be given him both by the British Homœopathic Association and in the wards of the London Homœopathic Hospital.

\* \* \* \*

**Bee-stings in  
Rheumatism.**

SEVERAL letters have recently appeared in the *British Medical Journal* on the cure of rheumatism by bee-stings. Whilst a few sufferers who have submitted to this rather painful "cure" write that it had no effect, the majority are enthusiastic as to the benefit so obtained. These were usually of the articular, chronic, or subacute varieties, but sufficient details are not given to enable precise symptoms to be noted. One or two who had endured rheumatism for years obtained complete relief after taking to bee-keeping, immunity to the stings and to the pains being soon obtained. Now the homœopathic provings of *apis* give distinct evidence of

rheumatic pains, so there can be no doubt as to the absolute homœopathicity of its action. It seems probable that if the provings had been continued sufficiently long, and with larger doses, permanent rheumatism would have resulted, for several provers experienced pains that were undoubtedly rheumatic both in muscles and tendons. As evidence, however, of the uses of *apis* in homœopathic treatment, we may quote from Lilienthal's *Homœopathic Therapeutics* some of the indications given under *apis mellifica* :—

“Acute inflammatory rheumatism, mostly articular; affected parts feeling very stiff and exceedingly sore to any pressure, often with sensation of numbness; sensation as if the swollen joints were stretched tightly, of a pale red colour, burning stinging pains, worse from any motion, even that of the hands increases pain of lower limbs; stiffness in back and lame feeling in scapulæ; darting, sticking pains in upper and lower limbs, with a paralysed feeling; burning pain in lower limbs, from thighs to ankles, could not move the feet, rheumatic lameness of limbs.”

\* \* \* \*

**A Birmingham  
Doctor's Experience with  
Bee-stings.**

SINCE writing the above, we have received an extract from the *Midland Medical Journal*, giving the experiences of a Birmingham medical man with the new “cure” for rheumatism. Mr. E. T. Burton relates that he is near his 68th birthday, and, having been a rheumatic subject for twenty-five years, was suddenly seized on June 24 last with rheumatoid arthritis of the right hip, immediately followed by acute sciatica of the same side. After courses of baths at Droitwich, with but little improvement, he was still so far crippled that a quarter of an hour's walk was absolute torture at the finish. On October 17 he applied seven or eight bees around the hip and along the sciatic nerve, and awoke next morning able to turn without pain, rise without help, and walk without assistance for the first time for three months. After several applications he ran 50 yards without pain, and on the 21st he appeared to be cured. The effect of the stings was peculiar; at first there was acute pain, which then became strangely intermittent. There was entire cessation of pain directly after the fiery sting, then recurrence at the site of each sting in the order received, followed by gradual cessation two

or three hours afterwards. Mr. Burton is naturally delighted with this result, which, however, would have been much more easily and painlessly obtained if he had consulted a brother practitioner who had knowledge of the homœopathic uses of drugs, and had received from him some *apis* tincture for internal use.

\* \* \* \*

**What will be  
done with the  
New "Cure" ?**

"As far as chronic rheumatism and sciatica are concerned, I am satisfied that Droitwich, Bath, Buxton, and Harrogate are amongst the cures of the past, and that a boundless, cheap, and certain cure for these dread diseases amongst the suffering poor now only awaits their trial"; so says Mr. Burton. Unfortunately we have heard this sort of thing too often to believe it, and greatly regret that such nonsense should appear in the press on the authority of a medical man. There can be no one cure for every case, or even the majority of cases, of these diseases. And if Mr. Burton applies bee-stings to a number of such sufferers, he will find that only a small proportion of them will be cured. Perhaps temporary relief may be given to others, much the same as by a mustard leaf—simply by cutaneous hyperæmia. This is as far as the average intelligence of the general practitioner (and alas, of the eminent therapist also!) carries him. And having found that, instead of being a universal "cure," the new treatment relieves very few, and soon loses credit from many failures, it will presently cease to be heard of. Should, however, Mr. Burton be sufficiently in earnest to carefully observe the facts, he will find, both in his own cure and in those who may be permanently benefited by the stings, that a certain similarity exists in the symptoms exhibited by these patients, and, if he records and notes these peculiarities carefully, he will find that it is possible to pick out by these symptoms those cases that can be cured by the stings, whilst other cases not showing these symptoms will not be benefited at all or will be only temporarily relieved.

\* \* \* \*



AT this stage of the imaginary investigation—for we dare hardly hope that Mr. **The End of such "Cures."** Burton, or some other practitioner will be sufficiently scientific to pursue it—if, by chance, attention is directed to our quotation from Lilienthal's *Homœopathic Therapeutics*, the fact will appear that these symptoms which have been found to indicate in what cases of rheumatism bee-stings will do good have been known and recorded by homœopaths for many decades. This discovery always proves a great shock to the medical investigator, who until then will have had no idea in what direction he was drifting. One or two things will now happen. The most usual is a sudden dropping of the whole matter in horror, and a total loss of all further interest in the treatment in future. This is what actually occurred in the case of a still living and very eminent therapist, and curiously enough with the very drug we are considering—the cure of dropsy by *apis*. In a great work on pharmacology this writer gave *apis* as a remedy for dropsy, but it having been pointed out to him by a candid friend that this was "sheer homœopathy," the statement was omitted in the next and subsequent editions of the work. There is, however, a brighter possibility for the honest investigator. He may accept the fact that this treatment is homœopathic, he may study the subject further, and finding, as all honest observers do, that the facts are with us, he may join the ranks of those who are steadfastly endeavouring to keep alive the flame of scientific drug treatment, as opposed to blind empiricism, in this country.

\* \* \* \*

**Radio-active Waters.**

IN a paper read before the Académie des Sciences, M. Répin seeks to establish a relation between the goitre-inducing properties of the waters of certain districts and their radio-activity. He has found three sources of the Maurienne, notably "goitrogenous," to be also radio-active owing to emanations of radium, and he has extended his researches to other sources found to be radio-active from other substances, especially thorium. He examined fourteen springs in Savoy, and was able to detect by means of an electroscope

the emanations from water flowing in sheets for several hours. After a descent sometimes of 2,000 metres the waters were still radio-active. He cites a case of particular interest at Bourg-d'Oisans, where he found a well the water of which was radio-active, and of four people who drew from the well three already had goitre and the fourth was developing it. The disease was quite unknown to the town itself, where the water supply was from the river. The author concludes, therefore, that the "goitrogenous" waters of the Alps are especially radio-active, and this radio-activity is due for the most part to radio-thorium. It seems possible, therefore, that radio-activity is a common attribute of all water rising from a great depth and coming into contact with volcanic rocks, and may explain the association of goitre with mountainous districts.—*The Hospital*.

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### Original Articles.

#### SILICA MARINA IN CONSTIPATION.

By E. CRONIN LOWE, M.B., B.S.

THE constipation which one finds constantly represented in female patients especially, and indeed is to-day the prevailing and almost universal condition accompanying and complicating every form and condition of illness, is in a large percentage of cases represented in the pathogeneses of *silica*. But yet how often this or another equally well-indicated remedy fails to disturb this old-established constipation! The condition of bowels may have persisted so long, and been so altered and obscured by futile purgation, that no decent description of the primary condition is obtainable. All is obscured, either by the drug symptoms superimposed or the exhaustion produced in the nervous and muscular apparatus of the intestinal wall by the purgatives constantly used.

In such cases it is often very hard to work out the totality of symptoms of a case under one drug, simply because the condition has been often so hopelessly confused by artificial over-stimulation.

Frequently this confusion of symptoms will appear in making thorough examinations of cases of old-standing constipation, and a combination often noticeable is a *natrum mur.* headache, grafted as it were upon a silica constipation; this may be found in young anæmic girls frequently; and then again the position of representative symptoms may be reversed or constitutionally borne out more markedly in favour of one or other drug, yet there remains in some cases a confusion of the two drugs to a greater or less extent.

Having one or two cases of this kind in hand, one usually chose the most strongly represented drug to commence with, following with the other also indicated, using them separately. Accidentally I happened upon the notes of *silica marina* in Clarke's Dictionary, which at once gave the strong suggestion to try this natural mixture of *sil.* and *natrum mur.* for those cases in which nature or artificial dosage appeared to have so confused their symptomatic pictures.

In many of such cases we have met with good results. I have used Epps's preparation of *sil. mar.* 3x. (recommended by Dr. Clarke), in 5-grain doses, usually giving one powder every night.

The following are notes of five cases in which I think *sil. mar.* was indicated, and in which a long period of constipation yielded to a comparatively short exhibition of the drug.

CASE I.—Mrs. M. P., aged 36. Constipated for years, usually going three or four days without defæcation; has taken numerous purgative pills, now takes mostly cascara "tabloids," two or three every third night. Motion is hard, lumpy, difficult, usually light-coloured, bringing down piles which rarely bleed, but accompanied by burning left-sided pain. Rather sallow lax skin, with morning headache lasting on into afternoon. Very nervous disposition. *Sil. mar.* 3x. was commenced night and morning. The first week made no progress, *cascara* being used twice. At the end of second week two unaided motions had occurred; *casc.* used only once, powders taken at nights only. End of third week, *casc.* once used, motion so far easier, no piles protrude, headache much better. End of fifth week, powders taken every other night, bowels act by themselves about every other day; easy motion,

no straining. End of eighth week, powders taken twice weekly; still keeps free from constipation; has forgotten powders once or twice.

CASE 2.—Miss L. T., aged 22. A mill hand. Two fingers of one hand became septic through injury at work, and have remained so chronically some weeks. Very anæmic, with a good deal of gastralgia, flatulency, palpitation, morning headache, hæmorrhagia. Chronic constipation for several years, with the usual history of numerous purgatives tried. *Sil. mar.* 3x. given every night. The first week gave very little result; the favourite purgative was allowed if necessary, but the motion was reported easier, softer, and less painful. After six weeks of patient persistence with the nightly powders, which were repeated less frequently during the last week, it was found that no purgative had been used for three weeks, and that the motions were easy and of daily occurrence, and the general tone greatly improved. Four weeks later, reported doing excellently.

CASE 3.—Mrs. A. R., aged 38. Old troublesome constipation, with hard, difficult stool, often partially evacuated and then receding, accompanied with piles, acne facialis, and sallow complexion, profuse menstrual period, and constant morning beating headache. *Sil. mar.* 3x. was given, and as in the other cases, no purgative was used, but the occasional use of a warm soap-and-water enema was found necessary on four occasions during the first three weeks, and after nine weeks course of *sil. mar.* 3x., decreasing in frequency from once daily at first to once weekly, she reports a daily evacuation of a normally formed motion with no discomfort. Her acne and headache gone, and general tone improved.

CASE 4.—Mrs. M. R., aged 41. Constantly goes five days without motion; acute flatulence < directly after meals, great distress and lassitude in arms, with occipital headache rising forward over head to eyes. *Lycopod.* 30 o. m. was given. Next week: flatulence >, constipation same. *Lycopod.* 30 rep. End of second week: no improvement. *Sil. mar.* 3x. given om. noct. End of third week: stomach much >, constipation not altered. End of fourth week: one natural motion during the week, purgatives used twice. End of sixth week: a fairly easy motion almost every other day. *Sil. mar.* 3x. every other night.

Since then she has not been seen, so one cannot say whether she continues to be relieved.

CASE 5.—Bessie B., aged 3. A backward child, with adenoids and enlarged tonsils and exceptionally bad constipation—going a whole week without motion, and needing manual assistance. Motion very hard, broken, and light-coloured. A thin, pale child, sweating at night, and poor appetite. She had *calc. phos.*, *sil. sulph.*, *nux vom.*, *bryon.*, *graph. phos.* in high and low potencies, but without any relief during a period of two or three months. *Sil. mar.* 3x. om. noct. was then given, and after ten weeks she is now much improved. Other medicines have been given for passing conditions, as colds, &c. [The adenoids were removed, but before the *sil. mar.* was commenced.]

In none of the cases have any aggravating or peculiar symptoms been noticed, and personally I am satisfied with the remedy as far as it goes, prescribing it as far as possible in cases showing same combination of *silica* and *nat. mur.* symptoms, and impressing on the patients not to expect to give up their regular purgatives, &c., under a fortnight at least, and to be prepared to continue the regular use of *sil. mar.* for two to three months.

Many cases have failed, but these are those in which one prescribed empirically, and thereby ignored or missed some leading symptom for another remedy.

### PARESIS OF THE PNEUMOGASTRIC.

By T. G. STONHAM, M.D.LOND., M.R.C.S.

MRS. W., aged 70, had been under treatment for several months for a weak and dilated heart. In the early autumn of 1907 she had a course of home Nauheim baths, which considerably strengthened the heart's action, an improvement which a subsequent change in the country confirmed. The patient had never had rheumatic fever, nor was there any organic disease of the valves, but she had had a good deal of trouble of one sort and another in her life, and much sick-nursing of relatives, and had besides engaged actively in various charitable undertakings. In January and February,

1908, she nursed her daughter through an attack of appendicitis, which cleared up satisfactorily without surgical interference, but the nursing was a strain upon her, and the heart began to give trouble, especially at night, when she would be kept awake by a feeling of tightness in the chest and by hard, shaking, cardiac pulsations. She was given another course of Nauheim baths, but the improvement from them was much less than from the former course, and though at first the nights were better the pain and pressure in the chest returned, especially the pain as of an iron bar across the chest, which came on about 12 or 1 o'clock and kept her awake for two or three hours. In the daytime she never had this pain and got about the house as usual, but became breathless if she exerted herself much. The pulse was about 80 to 86 and feeble ; the appetite fairly good.

In April she complained of noises in the ears and of a peculiar sensation in the ear, as if there was something loose in it which should come out. She felt impelled to continually shake her head to get rid of it. This sensation in the ear, she said, seemed to be connected with a feeling in the throat and a dryness at the back of the nose, which came on more on taking food, directly she began to swallow, and continued for an hour or two afterwards. Her voice seemed to herself to be altered, and to sound when she spoke as if it resounded in a large cavern in her head. The sensations in the ear were first on the right side, but got better and then went over to the left side, where they persisted. They went away on lying down, so that she did not have them at night. Seeing that there was a small plug of wax in the left ear, I syringed it away, but it made no difference to the symptoms. On June 1 I was called to her because she had had a very bad night, as she had been unable to lie down on account of repeated flatulent eructations. I found her sitting up in bed, belching violently. The eructations were empty, and the action seemed to be a purely nervous and spasmodic one, as she apparently first swallowed the air she belched up and there was no great distension of the stomach. When the attention was fully engaged in answering questions the eructations ceased. I prescribed some dilute *hydrocyanic acid* in water, a teaspoonful every half-

hour. She was very nervous and seemed to be in an hysterical condition, but there was one sign which looked more serious: the pulse was beating at the rate of 120 to the minute. The spasmodic eructations soon ceased for the time, but they frequently recurred. An irritating spasmodic cough came on at times, quite dry, and seemingly a reflex from stomach irritation. All the symptoms were referable to organs in which the pneumogastric nerves have their distribution. First one area of their distribution was affected, as, for example, the aural irritation (auditory nerve springing from the ganglion of the root), then another, *e.g.*, the cough (laryngeal branches), then another, *e.g.*, the flatulent eructations and gastric sensations (œsophageal and gastric branches), but never all the areas at once, and sometimes all were quiescent for a time, but always the tachycardia continued (cardiac branches). It seemed like a chorea affecting only the area of distribution of the pneumogastrics. She became more and more sleepless, a symptom coming on which prevented her getting any sleep. Just as she was falling to sleep, a jerking or tugging at the epigastrium would wake her up and oblige her to sit up in bed and gasp for breath. During all this time the lesions were purely functional; with the exception of some dilatation, there was no ascertainable disease of the heart; the lungs were clear, the urine normal. She became worse, worn out for want of sleep, and the dyspnœa became constant, though it had periods of aggravation. *Bromidia* and *veronal* were tried for the sleeplessness after failure with homœopathic remedies, but they proved equally futile, and a hypodermic of *morphia*, though it procured a few hours sleep, was followed by so much increase of the dyspnœa that the patient refused a repetition of it. At this stage, on June 14, Dr. Dyce Brown saw the patient with me in consultation. He diagnosed the case as one of pneumogastric paresis, and gave a very unfavourable prognosis. He reminded me that he had read a paper on the subject before the British Homœopathic Society in April, 1897, in which he had given the details of six cases which had come under his notice, presenting a collection of symptoms to which he could give no better name than paresis of the pneumogastric. He advised *belladonna*  $\phi$  to

be given in two-drop doses every two hours. This was done, and with decided temporary benefit. The sudden tugging sensation in the stomach on dropping off to sleep stopped; she was able to get short snatches of sleep; the pulse was a little less frequent, falling to 108, and the mouth became less dry. But no real improvement occurred. The dyspnoea continued, and the patient began to be delirious at times at night. A few crepitations were heard at the bases of the lungs, denoting the onset of oedema, and a trace of albumin was found in the urine. Food continued to be well taken in small quantities, but sometimes she experienced some difficulty in swallowing. Finding the *belladonna* was losing its effect, I remembered an article in the *Homœopathic World*, March, 1907, by Dr. C. E. Wheeler, on *botulinum*, in which that toxin was related to have been given with success in paroxysmal dyspnoeas. I therefore tried it, giving it in the thirtieth dilution at frequent intervals. I cannot say that any good resulted from its administration. *Naja* 6 was given, also *adrenalin* 6x., but the complaint continued its onward course. The lungs became more oedematous, the breathing quicker and more shallow, and of a modified Cheyne-Stokes type; delirium became almost continuous at night and at times persisted in the day, though she could always recognize those around her. Her physical strength was fairly well maintained, and she said she felt well except for her shortness of breath. A weak current of faradic electricity, applied with one pole at the nape of the neck and the other at the epigastrium, gave at first pronounced temporary relief, and inhalation of *oxygen* often sent her off to sleep for a few minutes, but nothing effected any lasting good. The tachycardia and dyspnoea and sleeplessness continued, while attacks of coughing, flatulent eructations, pulling sensations in the abdomen, and aural irritation came on at intervals, until by July 4 the delirium was continued day and night, and for the first time retching came and refusal of food. On that night she had a slight convulsion. More convulsions occurred on the 5th, four more on the night of the 6th, and after a severe one at 3 a.m. on the 7th she passed away in coma. There was no autopsy.

The cases recorded by Dr. Dyce Brown and the one by



Dr. E. M. Madden, with the discussion on them, in the *Journal of the British Homœopathic Society* (vol. v., pp. 211-227), should be re-perused in connection with the above-related case of my own. In none of them were the symptoms more definitely confined to the area of the pneumogastric nerve. My case resembles cases 1 and 2 of Dr. Dyce Brown more than the others, some of which, notably cases 5 and 6, hardly, I think, fall into the same category. As in Dr. Dyce Brown's cases, so in mine, the disturbance of the pneumogastric was primary; the œdema of lungs and albuminuria which carried off the patient were secondary. The delirium, too, in my case, I think, was secondary, and due firstly to brain exhaustion from want of sleep and secondly to disturbance in the functions of the kidneys. Yet the very early onset of sleeplessness, so persistent and so little amenable to hypnotics, would indicate that the cerebral cortex was in some way affected. The question remains, what are the relations between the cerebral cortex and the vagus nucleus, and, granting inflammation or degeneration of the vagus nucleus, what symptoms would one expect to result? According to Professor Sherrington there is a combined nucleus, the accessory-vagus-glossopharyngeal nucleus, lying in the floor of the fourth ventricle, and receiving the afferent fibres of the ninth, tenth, and eleventh cranial nerves. The middle portion of this nucleus is connected with the root of the vagus. But the root of the vagus also receives fibres from a column of grey matter, called the nucleus ambiguus, which is placed parallel to, but more ventrally and laterally than, the combined nucleus. The fibres from the nucleus ambiguus are efferent fibres. Fibres also join the vagus from the fasciculus solitarius or "respiratory bundle," and these also are efferent. So that the pneumogastric is a mixed nerve, composed principally of afferent, but containing also several efferent fibres, in addition to which it is joined further down by a bundle from the spinal accessory. This complexity makes it very difficult to estimate the probable effects of a lesion. The symptoms would vary according to which of the three origins of the nerve was principally affected, the combined nucleus, the nucleus ambiguus, or the fasciculus solitarius.

We shall not be much wiser with regard to the pathology of these cases till we can procure careful microscopical sections of the medulla and roots of the nerves arising from it. But in the meantime the symptoms are sufficiently distinct to justify placing these cases apart in a different class. It is something more than failure of function which may come on at the end of any disease. In the whole period of my practice, which now amounts to nearly thirty years, I have never seen another case at all resembling the one I have reported above, and therefore I think that it and others like it should have a separate classification, and, till we know more of their pathology, am content to label them, after Dr. Dyce Brown, Paresis of the Pneumogastric.

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## ADRENALIN.

By DR. SIEFFERT (PARIS).

### I. GENERAL.

ADRENALIN is an internal secretion of the suprarenal bodies. Its chemical formula is  $C_9H_9A_2O_3$ , and it is met with in the shape of shining prismatic crystals, which melt at a temperature of  $207^{\circ}$  C.; it is soluble in cold water, and still more so in warm water. Its taste is somewhat bitter, and it leaves behind it a feeling of numbness on the tip of the tongue. It is poisonous, is somewhat basic, and in dilute acids possesses a very marked affinity for oxygen. Exposed to the air, it changes into oxyadrenalin, which, although not possessing the properties of adrenalin, is still poisonous. This change constantly takes place in the animal body, hence the transient effect of the drug.

### II. POISONOUS EFFECT.

This is constant and is evoked by a tenth of a milligramme for every kilogramme of body-weight of the animal experimented upon. It shows itself in extreme breathlessness and debility, which come on almost immediately after the injection. Simultaneously the pulse is accelerated, although diminished in energy, and the blood-pressure rises for a moment. Later

follows paralysis of the hinder half of the body, and death ensues from suffocation and convulsions.

### III. PATHOGENESIS.

The following is not really a true pathogenesis, but is a collection of the results of provings made upon small mammals by means of intravenous and subcutaneous injection.

*Circulation.*—Injected into the veins of an animal, *adrenalin* causes slowing of the heart-beat, fall in blood-pressure, and slowing of respiration. Almost immediately afterwards the blood-pressure rises above the normal, the heart-beats meanwhile becoming quickened and irregular. After seven or eight minutes the blood-pressure gradually sinks and a slowing of the heart comes on; then the blood-pressure suddenly sinks below normal, rising again somewhat later on. From this point there is fresh acceleration of the pulse, and if the dose has not been immoderate, the blood-pressure returns slowly to the normal. With poisonous doses, on the other hand, the initial high blood-pressure is followed by a very decided fall, which, after a few oscillations, arrives at zero. In this case the acceleration of the heart is very decided, although its energy gradually diminishes, and the heart dies in systole.

With small repeated intravenous injections a rise of blood-pressure occurs every time; the same thing occurs, though less decidedly, after subcutaneous injection. Administered internally, the effect of the drug is still more transient, owing to changes which occur when it comes into contact with the tissues.

Josué's provings, confirmed by those of Baduel, have placed it beyond doubt that repeated injections cause atheroma and heart lesions in animals. The arterial lesions commence with change in the middle coat; the heart lesions manifest themselves in the shape of hypertrophy of the heart-muscle, extravasation of blood in the myocardium, and small-celled infiltration.

Lastly, adrenalin is a powerful but transient vaso-constrictor whose mechanism we will explain later on. By means of its power of selection it stimulates the muscular coats of the peripheral vessels; this power of selection also extends to the centres of the medulla oblongata. Lastly, adrenalin increases the elasticity of the heart-muscle.

**Respiration.**—The effect upon the centres of the medulla oblongata is seen in increase of respiratory movements soon followed by suffocation. Small doses cause increased interchange of gases, strong doses diminution of the same, with simultaneous sinking of the body temperature; death eventually occurs from suffocation following upon paralysis of the medulla.

**Local Effect.**—This is no more than a natural sequel to its effect upon the circulation. A solution of the strength of 1 in 1,000 painted upon the skin or mucous membranes causes contraction of the vessels and transient anæmia lasting from ten to fifteen minutes. Painted on the conjunctiva, this anæmia lasts from one to two hours, and is accompanied by slight contraction of the pupil. Injected *under* the skin, the drug elicits the same local phenomena.

Of its action upon metabolism little is, as yet, definitely known.

It has been proved also beyond question that adrenalin exerts a powerful influence upon the functions of the liver, and that very pronounced glycosuria ensues as a consequence of intraperitoneal injections. It has also been found by several observers that after removal of the suprarenal bodies in animals, death speedily follows from general progressive paralysis.

#### IV. THERAPEUTICS.

In what has been said concerning the pathogenesis of the drug three special points stand out: (1) Power of selection upon the vasomotor system; (2) the same upon the centres of the medulla oblongata; and (3) evanescent action of the drug. Its whole physiological and therapeutical effects conform with Arndt's fundamental biological law, and its mechanism hinges upon the *phenomena of contact* so ably set forth by Dr. Hugo Schulz in his "*Aims and Objects of Modern Therapeutics*." We find the same mechanism in all drug effects: with small doses we get stimulation, which increases in proportion to contact, goes further, and then speedily diminishes, both on account of the excretion of the drug and its own transient effect; after large doses we get paralysis, although preceded by slight symptoms of stimulation after the initial absorption. With immoderate doses death may follow, unless there be gradual

return to the normal with intermittent signs of stimulation, according to the rate of excretion of the drug. In all this there is no need to consider any theories or hypotheses respecting the supposed effect of the drug upon this or that indefinite part of the body.

#### V. PREPARATION AND POSOLOGY.

The allopathic school extracts the remedy from the suprarenal bodies by the same undesirable process as is used in the preparation of most opotherapeutic products. It is well to remark that on account of its affinity for oxygen the drug easily decomposes either in water or dilute acid solutions. In practice it is chiefly used in a 1 in 1,000 solution in normal saline. This solution must be protected both from air and light; it bears heating up, and so can be sterilized by heat. The homœopathic school prepares a trituration, a mother tincture and its dilutions. Both schools administer the drug in infinitesimal doses. In whatever form the drug is given, it must not be too frequently repeated if we wish to avoid its poisonous effects, especially lesions of the heart and of the arteries.—*Allg. Hom. Zeitung*, October 22, 1908, p. 70.

J. G. B.

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### Clinical Cases.

By E. W. BERRIDGE, M.D.

(Continued from p. 291.)

CASE 18.—*Kali carbonicum*.—January 24, 1876; Miss B. For thirteen days she has had an enlarged gland in right axilla, with aching, burning pain in it, and also shooting from it to ends of right fingers, to left hypochondrium, to inner edge of left scapula, and to left breast. The enlarged gland itches.

*Diagnosis of Remedy*.—Swelling of axillary glands: *Acon.-l.*, *amm.-c.*, *amm.-m.*, *arsen.* (left), *bell.* (left), *brom.*, *bry.* (right), *calc.-c.*, *carb.-an.*, *clem.*, *coloc.*, *crotal.* (left), *hall.* (right), *iod.*, *kali.-c.*, *lyc.*, *merc.*, *nat.-c.*, *nat.-m.* (right), *nit.-ac.*, *petr.*, *phos.* (right and left), *phos.-ac.*, *prunus*, *puls.*, *raph.* (right), *rhus-l.*

(right), *sepia* (right), *silic.*, *solan.-arr.*, *staph.*, *sulph.* (right), *sulph.-ac.*, *tarent.* (right), *vespa*, *viper.*

Aching in axilla (aching in axillary glands not specifically recorded) : *Asaf.*, *asar.*, *bry.*, *cann.-ind.* (right), *chelid.*, *comocl.* (right), *diosc.* (left), *fagop.* (left), *jugl.-cin.* (also left), *ledum*, *physo.*, *staph.* (right), *teucr.*, *thuja.*

Burning in axillary glands : *Raph.* (right).

Burning in axilla : *Aur.*, *berb.*, *calc.-c.* *calc.-ph.*, *carb.-reg.* (right), *caust.*, *cham.*, *coloc.* (right), *grat.*, *jugl.-reg.* (right, then left), *kali-c.*, *laur.*, *nat.-m.*, *sepia* (right), *spig.* (left), *teph.*, *thuja* (right), *urt.-g.*, *zinc.* (left).

Itching of axillary gland : *Cocc.*

Itching of axilla : *Agn.*, *anac.*, *arg.-n.*, *asar.* *berb.*, *calc.-ph.*, *carb.-an.*, *carb.-v.*, *chrom.-ac.*, *cop.* (right), *cycl.*, *dig.*, *elaps.*, *fagop.*, *formica* (right and left), *grat.* (right), *hamam.*, *hura.*, *jugl.-reg.* (right, then left), *kali-c.*, *kali-n.* (right), *magn.-c.* (left), *merc.-i.-fl.* (right), *nat.-m.*, *nit.-ac.*, *paull.-p.* (left), *phosph.* (right), *sepia*, *spig.*, *spira.*, *spong.* (left), *sulph.*, *valer.*, *viol.-tr.*

Shooting from axilla towards breasts : *Caust.*

Shooting from axilla to chest : *Canth.* (right), *cop.* (left), *menyanth.* (right), *magn.-s.* (left).

Shooting from axilla to elbow : *Ammoniac.*, *colocynthin* (left), *verat.* (right).

Shooting from axilla along inner side of upper arm : *Con.* (left).

Shooting from axilla to fingers, hypochondrium and scapula, not recorded.

The shooting pain extending from axilla to various other parts was the most characteristic symptom, but it was not to be found in its integrity in the *Materia Medica*, while the remedies which most approximated to it did not correspond with the remaining symptoms. Taking the totality of the symptoms, and one by one eliminating the medicines which did not belong to the greatest number, the list is finally reduced to *jugl.-reg.*, *kali-c.*, *nat.-m.*, and *sep.*, of which only *kali-c.* and *sep.* have shooting in axilla. The exact symptoms of the patient being insufficient to differentiate further, a more extended study of these two remedies was necessary. In Boenninghausen's *Pocket-Book*, under "Glands, itching," *kali-c.* is recorded, but not *nat.-m.* This decided the choice. I

dissolved a few globules of *kali-carb.*, 4 m. (Jenichen), in water, and ordered a spoonful of the solution thrice daily, till better.

January 26.—Better since yesterday. Itching continues. The pain lessened on evening of 24th, and is nearly gone to-day; swelling gone. She took (unnecessarily) the remaining five or six globules, a dose morning and evening, and in two or three days was quite well, and remained so.

*Comments.*—(1) This case shows that keynotes or characteristics must not be relied on to the exclusion of the totality of the symptoms, but rather utilized as guides to the remedy corresponding to the totality. Had the peculiar shooting pain been recorded under *kali-c.*, it would at once have led me to study that remedy, under which I should have found the majority of the symptoms without further trouble. As it was, it was necessary to resort to another method, which is of great utility when the most characteristic symptoms cannot be found in the *Materia Medica*, or when they seem to be all of nearly equal value. This method is to write down the medicines corresponding to any two of the symptoms; then take a third symptom, and eliminate all in the former list which are not found under this symptom also, repeating the process till only one remedy is left. But where there is a markedly characteristic symptom in the case, and a medicine is known to possess it, this medicine should be studied at once, as frequently the whole case will prove to be covered by it. If the characteristic symptom of the case belongs to more than one remedy, or if there is more than one characteristic, each belonging to a different remedy, the totality of the symptoms must decide.

(2) This case again adds provisionally to our *Materia Medica* a new clinical symptom, to be fully accepted as a reliable indication if verified by other cases. Had we absolutely complete provings of every medicinal substance, we should have no need for clinical additions; but as it is at present, and possibly will always be, they are needed to fill the gaps in the provings. To reject their use, endorsed as they are by Hahnemann himself, is a fatal error.

(3) This case also shows the utter failure of all attempts to base a system of therapeutics upon pathology. Can any

pathologist explain the pathology of these symptoms and point out on pathological grounds why *kali-c.* cured? And if he can do this, will he then show how I could have made a better cure by forsaking the rules of Hahnemann and prescribing according to the rules of this pathological science "falsely so called."

(4) The decision between two closely allied remedies, based on the general symptom of "itching of glands," though the axillary glands are not stated to be so affected, is another proof of the necessity of collective rubrics in our repertories, as are given by Kent.

(5) From the immediate improvement I conclude that one dose would have been sufficient, though the repetition did no harm. But it is not every case that will bear such repetition, for the patient continued it after the improvement had well set in; neither, on the other hand, can every case be cured by a single dose. Like the remedy itself, so must the potency and the dose be individualized.

#### CLINICAL NOTES.

By A. E. HAWKES, M.D.

*Medical Officer, Hahnemann Hospital, Liverpool.*

A FEW days ago a little boy aged 9 was brought to me suffering from a mild bronchial catarrh. His temperature was 99.6° F.; his chest was suggestive of rickets, but there was no dulness on percussion. It may be expected that this trouble will soon pass off, and it is only mentioned as a preliminary to more interesting details.

Two years ago my younger son and I were attending this boy for a cough, and a discussion arose as to diagnosis. With some confidence I declared the case to be one of pertussis; he, with equal certainty, suggested that it was a case of tuberculosis. A few days afterwards unmistakable whoops proved that I was right at any rate. Careful examination of the sputum, made by our friends at University College, gave positive evidence of the bacillus, so neither disputant was wrong.

The copious greenish-yellow expectoration, in view of the excellent paper read at the British Homœopathic Society by Dr. Ord, on the value of *stan. iod.* in tuberculosis, led to



the use of that drug in the second trituration. The whooping-cough gradually subsided, the crackling *râles* gave place to healthy sounds, and the reports bore testimony to the absence of the bacillus. I attribute the result to the *stan. iod.* which was given during the acute stage, but I find I gave *drosera* on October 12, 1906, and the patient may have had a few doses of *tuberculinum* 6 when the whooping-cough had gone. The intelligent use of fresh air greatly helped the treatment. The boy's home was near a large park where the winter's snow rendered tobogganing an easy accomplishment.

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### Correspondence.

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

SIRS,—There are one or two points I would like to raise in the way of criticism upon Dr. P. Jousset's experiments with silver nitrate in reference to its inhibitory action upon the growth of *aspergillus niger* in dilutions.

Firstly, it does not appear clearly stated in the article at p. 688 of your November issue whether the dilutions up to the fiftieth centesimal were all prepared with water like the first dilution, or whether spirit was used with the higher ones. I presume water was used throughout, and if so does sterilized water mean *distilled* sterilized water?

Now the criticism which I have to offer is this. In his experiments Dr. Jousset adds to his control dishes 5 cc. more of the Raulin's liquid than to the other dishes, because to them each is added 5 cc. of whatever dilution is to be tested. Now I think there may very well be a fallacy here, for if the water used for dilution be distilled water, we are aware that this latter is not without irritating properties. I therefore venture to suggest that, if the experiments are to prove anything, Dr. Jousset ought to add the *same* amount of Raulin's liquid to each dish, 5 cc. of dilution of nitrate of silver to the test dishes, and (if the diluent be *aqua dest.*) 5 cc. of distilled water to the controls. We would then see whether the dilution of the *silver salt* were more active than the mere diluent.

Croydon.

Faithfully yours,

HAROLD V. MUNSTER.

*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRs,—From various letters that have appeared in the Review, and particularly from some remarks on pp. 649-650 of the current number, I gather that some misconception exists as to the clinical teaching in the Homœopathic Schools in America. At all the teaching institutions, both homœopathic and allopathic, clinical material is scarcer than in our hospitals in Great Britain; but still, and I can speak from recent experience of both the Homœopathic Colleges in Chicago, there are numerous excellent clinics. A keen student gets plenty of opportunities of observing the action of homœopathic medicines, not only in what might be called general medical cases, but also in ophthalmic, nasal, gynæcological, and all the other special branches, so that I think it creates quite a false impression to say that in the Homœopathic Colleges in the United States no clinical teaching exists.

I am,

2, University Gardens, Glasgow,  
November 13, 1908.

Yours, &c.

H. P. FAIRLIE.

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*To the Editors of the BRITISH HOMŒOPATHIC REVIEW.*

DEAR SIRs,—Dr. Hayes' letter in your last issue is, I fear—doubtless without any intention of the kind on his part—not unlikely to convey inaccurate and unfair impressions, and I feel therefore desirous, much as I dislike journalistic and other controversy, to offer, quite as an individual, some correcting statements.

(1) Dr. Hayes has not, I think, done himself justice in felicity of expression, and pays, unintentionally, a sorry compliment to our American brethren in saying that "our own men have not the time to devote to educating others," the fact, of course, being that busy men everywhere have the most leisure. In the great London hospitals the busiest consultants are the most eminent teachers; and this meets the point, which is at best neither large nor important.

(2) Whatever "rousing" has taken place has been chiefly, if not solely, done by the British Homœopathic Association—

it was earliest, by years, in the field in sending scholars to America; I was sent as the first travelling scholar, with the additional duty, as special commissioner, of visiting many of the leading homœopathic hospitals and colleges in the States; others have followed, including Dr. Hayes himself.

(3) I know of no one who "opposes sending men to America"—the British Homœopathic Association certainly does not, as the continuance of its original scholarship scheme proves, but the scholars sent out by the British Homœopathic Association have been, and are, avowed homœopaths, anxious *and ready* for further knowledge, whereas, under the newer scheme, to which Dr. Hayes alludes, it is proposed to send out graduates who have no preliminary knowledge of homœopathy except the prejudiced teaching against it which characterizes general medical education in this country.

(4) It is this feature which is "opposed," and opposed strongly; scholars are, it is felt, most helpfully sent to America *after* their digestion has been prepared; the POINT OF VIEW requires gradual, not sudden alteration, and to send a young graduate, fresh from allopathy, to an advanced *materia medica* teacher in America for more or less private instruction without sufficient opportunity for clinical confirmation, might easily prove not merely useless but a disaster. The profitable acquirement of homœopathic truth by English graduates with the opposed antecedent medical training in this country is necessarily slow, and the mind needs to be wisely trained for its reception. After many years of homœopathic practice many of us only now find ourselves realizing its higher and finer possibilities.

(5) It is therefore felt that the *new* men and women—the recruits—are better handled, at first at all events, at home; we are acquainted with their difficulties, their prejudices, their requirements, we have been through it all ourselves and we KNOW when they have learned to *think in homœopathy* they will be ready to profit by teaching intercourse with one or other of the distinguished therapeutic leaders of the States as a coping-stone to their studies.

(6) It is chiefly to meet their case that the Honyman-Gillespie Post-Graduate course has been organized. The course has been made possible by the Honyman-Gillespie trust

and is under the joint auspices of the London Homœopathic Hospital and the British Homœopathic Association ; what may be called the academic course on homœopathic *materia medica*, &c., is conducted by Dr. C. E. Wheeler, whose selection for the post has, by the testimony of all, been more than justified by the excellent series of lectures which are now being given. The course on therapeutics with clinical demonstrations has been entrusted to me ; the aim is to teach practical homœopathy on pure Hahnemannian lines, and to demonstrate clinical cases showing objective results of homœopathic drug action ; for this the ample clinical material of the Hospital has been, by the kindness of the members of the staff, made fully available.

(7) In regular attendance at these courses are several young allopathic doctors, absolutely new to homœopathy, whose keenness and sympathetic attention it is a joy to witness. Homœopaths can best help this effort by drafting on additional recruits, and the attendance of our own colleagues is at any time invited and welcomed.

(8) If I might, in concluding, make an appeal, it would be that unhelpful criticism should be refrained from, and that, instead, the efforts of our colleagues, who are giving their time and mentality to this forward movement, should be encouraged and sustained. The generosity of the proposers of the new scholarship scheme is, if I may say so, much esteemed ; if, even now, the scheme could be brought into line with the carefully-thought-out plans of the experienced founders of the original scholarships, it would, I feel sure, merit and receive extended appreciation and support.

I am, yours, &c.,

64, Seymour Street,  
Portman Square, W.

JAMES SEARSON.

### Obituary.

THOMAS HAHNEMANN HAYLE, M.B.(LOND.),  
B.Sc.(VICT.).

WE were able in our last issue to merely record the sad news of the sudden and unexpected death of our colleague Dr. Hayle, which occurred at his residence at Rochdale on October 30. The tragic end of one so well known to many of us has cast a gloom over homœopathic circles. His death deprives his many patients of a trusted and skilful adviser, his colleagues of a valued friend, and homœopathy of a successful exponent, whose loss will be especially felt in the North of England.

The late Dr. Hayle had lived in Rochdale for nearly half a century—since, in fact, the age of 5 years, when his father removed there from Newcastle-on-Tyne. A son of the well-known and greatly respected Dr. Thomas Hayle, who died in 1886, and is remembered by many for his writings and successful defence of homœopathy, the son worthily followed in his able father's footsteps. Educated at Rochdale Grammar School, he went to Owens College, Manchester, and thence took the degree of M.B. at London University in 1879, obtaining honours in medicine, forensic medicine, and *materia medica*, in addition to scholarships at Owens College. More recently the B.Sc. degree was conferred upon him by the Victoria University. On his father's retirement from practice Dr. Hayle succeeded him, and rapidly acquired a large circle of patients, his practice becoming one of the largest in the surrounding district. His patients had an unusual affection for him and confidence in his abilities, and would rarely consent to see any other doctor, which made it especially difficult for the subject of our memoir to take his much-needed holidays. Amongst many people of influence and importance who came under his care we may mention the late Mr. John Bright, who was attended for some years by Dr. Hayle, and throughout his last illness until his death.

In many respects our late colleague was the model of what a good homœopathic practitioner should be. No rapid "key-note" prescribing or hasty empiricism decided his choice of

remedies. To a thorough knowledge of the homœopathic *materia medica*, to which few in these days attain, he added a conscientious and painstaking investigation of the symptoms of every case, which enabled him to fit the drug to the malady with strikingly successful results. This was speedily recognized by his patients, and largely contributed to the rapid extension of his practice. He was very painstaking and accurate in diagnosis, and endeavoured always to treat the causes rather than the merely outward manifestations of disease. Dr. Hayle's custom was chiefly to rely upon low dilutions, though he would use the higher when it seemed essential. He was also no lover of repertories, although admitting their occasional usefulness. He carefully recorded details of his cases by the bedside, and this habit, together with the conscientious care he bestowed on even trivial cases, did much to inspire his patients with a confidence which always followed his entry into a sick-room.

In the fight against consumption, Dr. Hayle took a prominent part. He succeeded in arousing much local interest in a scheme for open-air treatment for the poor of Rochdale, starting a home for this purpose at Llanfairfechan, on the North Wales Coast. For some time this was successfully carried on, and very good results were obtained by a combination of the open-air methods with homœopathic drug-treatment. A powerful "Anti-consumption League" was started in Rochdale to assist this, and other similar homes, financially. After a time, however, dissensions prevailed, money ceased to be subscribed, and in spite of renewed efforts to enlist public sympathy, the scheme—after some years of working—came to an end. This was a bitter disappointment to Dr. Hayle.

In spite of his heavy professional duties, our late colleague found time for other interests and for one or two hobbies. For the last twelve months he represented the Victoria University on the Rochdale Educational Committee, and, although he took no prominent part in politics, was a Liberal, and also a member of the Parochial Council. In religion he was a Churchman, and connected with St. Mary's Church, Wardleworth. Meteorology was a subject of which he was very fond, having a well-equipped observation station on his

house-top. He was also a cricketer in the summer months, and much enjoyed an occasional game of chess.

Dr. Hayle was a man of decided views on any subject he took up, and could advocate them with power. Although not gifted with that suavity of speech which sometimes wins opponents more successfully than argument, his sterling honesty of conviction and frankness of purpose were generally recognized, and added a power of persuasiveness to his manner. In all Dr. Hayle did there was vigour and activity. Even during his summer holidays he worked hard at his amusements and outings, allowing himself no real rest. It seems probable that this strenuous life proved in the end too exhausting for nerve and brain. A few years ago Dr. Hayle told the writer that, in order to avoid a complete breakdown, he had been obliged to devote one day a week to golf and outdoor recreation. For some years he had paid the penalty of a constant disregard of Nature's needs of rest and sleep, by distressing insomnia, and subsequently by much nervous depression. His remedy for these symptoms seems to have been more work and activity. It is, perhaps, not extraordinary that disaster ensued, and that a sudden insane desire to put an end to the strain of life, which had probably become so intolerable that an exhausted nervous system shrank in every fibre from the morning's duties, should have momentarily overpowered the will of even so good a man as our lamented colleague.

At the Annual Homœopathic Congress Dr. Hayle was a regular visitor, arranging the brief holiday he allowed himself to coincide with the date of that assembly. He usually spoke in the discussions, and often with point and acceptance. It was there that he renewed old friendships, and that many of us retain our happiest recollections of him. Dr. Hayle's funeral took place on November 2, at Rochdale, and a vast concourse of people, by their presence, bore testimony to the esteem with which our deceased colleague was regarded. Dr. Watson attended from the Liverpool Branch of the British Homœopathic Society, of which Dr. Hayle was Vice-President, and was the bearer of a wreath from his colleagues. We need not detail the sad occurrence which terminated this valued life; it will suffice to quote from an

address by a friend of the deceased, Mr. J. A. Bright, M.P., spoken on the following Sunday morning : "Although by the rash act of a disordered brain the earthly tabernacle has been dissolved, the house not made with hands is eternal."

Dr. Hayle leaves a widow, four sons and four daughters, none of the children being married. Universal sympathy is felt for these in their bereavement, and also for Dr. Harris, of Rochdale, who has been in partnership for some years with the deceased.

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### Therapeutic Digest.

**ANAPHYLAXY.**—In a note concerning "the repetition of the dose," St. Pierre d'Espiney writes the following :—

"An organism can be so saturated with a drug that the smallest dose of that substance can provoke symptoms. Professor Richet has recently studied this phenomenon under the name *anaphylaxy*. He says the sensitiveness of an organism to a second injection of the poison may, in relation to its sensitiveness to the first dose, be : (a) less, that is immunity, or mithridatism ; (b) equal, the most usual case ; once the poison is eliminated one is neither more nor less sensitive than before ; (c) greater ; this is a particular case with certain poisons, actino-congestin for instance—that is to say, the poisons of sea-anemones. Supposing the primitive toxic dose to be equal to 0.1, an animal which will have received on January 1 a non-fatal dose of 0.05 will die at once if on February 16, forty-five days later, one injects it with a dose of 0.1.

"A state of hypersensitiveness to the poison is created, and not only is the general toxic state much developed, but new symptoms are produced as though one had injected another poison.

"One is reminded by this of the curious phenomenon of idiosyncrasy, which may perhaps be partly placed in the same category as anaphylaxy. For instance, I have had under treatment a tuberculous patient at the stage of cavities, in whom the smallest dose of iodide of arsenic, the twelfth or



thirtieth dilution, provoked marked symptoms of aggravation, which was probably the result of an anaphylactic state of his organism resulting from the arsenic taken during the time he was treated allopathically at the commencement of his illness.

"A curious experiment of Rillet (quoted by P. Jousset in *L'Art Médical*, October, 1889) furnishes facts of the same kind. The continuous administration in extremely minute doses of iodide of potassium, mixed with table salt, induced in several patients very marked symptoms of iodism. In one, a man, aged 54, after a long discontinuance from the poisoning substance had caused all symptoms to disappear, the sensitiveness of the organism remained such that it was sufficient to resume the use of the drug for some days to again provoke the toxic symptoms. And two years afterwards, although his health was apparently perfect, a stay of three weeks at the seaside cost him his life."—*Revue Homœopathique Française*, July, 1908.

THE EMPLOYMENT OF MALE FERN IN LYMPHATIC AFFECTIONS AND CERTAIN FORMS OF TUBERCULOSIS.—Dr. P. L. Tessier has prescribed long courses of male fern in the following cases: torpid inflammations of the lymphatic glands, whether open or not, osseous, subcutaneous, cutaneous, and pulmonary tuberculosis. In pulmonary tuberculosis he has obtained very satisfactory and often definite results, especially in young patients having no fever, with limited, non-ulcerated lesions, but it is chiefly in the cases which would formerly be classified as scrofula that the medication is manifestly active and really curative. It produces no active congestion, no reacting fever; the enlarged lymphatic glands slowly diminish in size; in the articulations the fungous excrescences become less and less abundant, and effusions are reabsorbed. The general condition improves *pari passu* with the local. Further, the treatment has no effect on other organs, and, far from exciting digestive troubles, increases the appetite and regulates the functions of the bowels.

Whenever he was able, the author employed a simple maceration in white wine of the fresh root of the fern reduced to pulp. The ethereal extract of commerce has given but little

result. He has also prescribed, and with much success, the hydro-alcoholic extract. One should use only fresh roots, gathered under the most favourable conditions of time and place, and dried rapidly at a low temperature, so as to obtain a green powder of characteristic odour and aromatic taste. He has employed the subcutaneous method (oily injection) with great benefit in a certain number of patients, but much more often pilules containing 10 centigrammes of the extract for an adult, 5 centigrammes for a child under 15. The medium dose is 2 pilules a day for ten or fifteen days every month. With this dose there is no fear of causing toxic symptoms.—*L'Art Médical*, September, 1908.

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**POISONING BY CANTHARIDES.**—J. Stanley Avery, M.B., B.S.Lond., House Physician, Johannesburg Hospital, records a case of poisoning by cantharides. The patient was admitted to the wards of the Johannesburg Hospital on July 26, for pleurisy in the left side and pain in the right knee-joint, with cough and greenish expectoration. On the 25th a piece of emplastrum cantharidis B.P.  $5\frac{1}{2}$  in. by  $4\frac{1}{2}$  in. had been applied to the chest wall at the seat of the pain. Thirteen hours afterwards the first symptoms of poisoning appeared. The patient felt a desire to pass water every hour and could not retain it for a longer period. There was pain of a burning character at the end of the penis when micturition was nearing completion. The urine was of the colour of beetroot water. There was neither vomiting nor purging. There was no pain in the region of the kidneys. An analysis of the urine made on July 28 gave the following results: S.G. 1027, reaction acid, fairly dense cloud of albumin precipitated on warming; centrifugalized deposit found to consist of amorphous urates, leucocytes, red blood cells, granular casts, and a few renal cells. By August 5 the urine was again normal. The cantharides absorbed from the plaster had been sufficient to cause a transient but decided nephritis.—*The Lancet*, October 10, 1908.

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## Reviews of Books.

### *The Physician's Diary and Case Book for 1909.*

This elegant and useful book is issued by Messrs. Keene and Ashwell, 6, South Molton Street, W. It consists of a Diary for 1909, much useful information, and 200 pages for recording cases, with an index; it is beautifully and strongly bound. We fear that one of the besetting sins of a good many of us is our neglect to take proper and full notes of our cases at the time we are consulted. Such neglect is a loss both to patient and practitioner. The book before us is meant to minimize this temptation and make it easy to do right; for it is intended to lie on our desk and be always within reach, with the minimum of trouble. We strongly recommend this book to all our colleagues, and hope they will each secure a copy, and take careful notes of all their cases in it for the coming year. It will pay to do so. Further, we hope our colleagues as the year advances will work up their good cases—good because they will teach us something—and send them on as early in the month as possible to the Editors of the BRITISH HOMŒOPATHIC REVIEW.

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## Notices, Reports, &c.

### BRITISH HOMŒOPATHIC ASSOCIATION.

THE Honyman-Gillespie lecture-courses in the Homœopathic Practice of Medicine were inaugurated in a most interesting and successful manner by a public introductory lecture given by Dr. Burford, at Chalmers House, 43, Russell Square, on Thursday, October 15, at 8.30 p.m. A good assemblage of the friends and supporters, professional and lay, of what is being done for the education of graduates in homœopathy, had the pleasure of listening to a most instructing scientific lecture.

Dr. Burford entitled his lecture: "Some Values, Fractional and other, in Recent Science, and their Bearings on Medicine." Beginning with some remarks on previous discoveries in electricity, he led up to Professor Crookes' discovery of the

behaviour of electricity *in vacuo*, as shown by the phenomena exhibited by a Crookes' tube, and showed how the results obtained thereby have been further amplified by the researches of Professor J. J. Thomson, of Cambridge, the result of which has been to completely revolutionize our conceptions of matter, and to alter our old idea of an atom as a body inert and indivisible to that of a bundle of forces in perpetual motion and of transcendent energy. He then brought to our notice how the properties of radium, discovered by Madame Curie and further investigated by Professor Rutherford, have still more increased our knowledge of the infinitesimal character of the ions of which the atom is composed. Leaving the physical demonstration of infinitesimals, he went on to consider what the delicate tests furnished by biology have to say with regard to them, and instanced the experiments of Naegeli as to the influence of copper on spirogyra, and those of the current year by Jousset on the retardation of the growth of *Aspergillus niger* by dilutions of the salts of silver carried as high as the fiftieth centesimal dilution. In this connection some experiments now being conducted by Dr. C. E. Wheeler on the influence of mercurial salts on the development of *Torula* were mentioned as affording an illustration of the same fact, viz., that biological experiments carry the demonstration of the existence of the infinitely little far beyond the point where it is possible to do so in the physical laboratory. He concluded by recalling that Hahnemann, by the discovery of the curative action of infinitesimals in disease, had really forestalled these achievements of modern science.

The lecture was illustrated by lantern slides, and by an elaborate collection of apparatus showing the phenomena displayed by electricity in passing through Crookes' and other tubes, and the influence of radium in effecting conduction of an electric current across a gap between two wires by its ionization of the intervening air. Piétri dishes containing *Aspergillus niger* growing under the influence of various dilutions of silver salts were shown, as well as tubes showing the different amount of gas given off by the yeast plant according to the strength of mercurial salts to which it was being subjected.

Dr. DYCE BROWN proposed and Dr. CLARKE seconded a

vote of thanks to Dr. Burford for his very able lecture. It was carried unanimously.

The Honyman-Gillespie lectures, to the courses of which Dr. Burford's lecture was an introduction, are a course on the Homœopathic *Materia Medica*, by Dr. C. E. Wheeler, which commenced on October 19, and is continued every Monday and Thursday through the winter, being held at 5 p.m. at Chalmers House, Russell Square. Also a course on Homœopathic Therapeutics, by Dr. Jas. Searson, which commenced on October 20, and is continued on Tuesdays and Fridays throughout the winter, at the London Homœopathic Hospital at 5 p.m.

### BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS and donations received from October 15 to November 14, 1908.

GENERAL FUND.						Donation.
Mrs. Rosa Cates	...	...	...	...	...	£10 10 0
Miss Emily Robertson	...	...	...	...	...	£1 1 0
E. W. Quartey Papafio, Esq.	...	...	...	...	...	0 10 6
LADIES' BRANCH.						
Mrs. Burford	...	...	...	...	...	1 1 0
Miss Waller Lewis	...	...	...	...	...	1 1 0
LADIES' NORTHERN BRANCH.						
Miss Amelia Moore	...	...	...	...	...	1 1 0
John Calder, Esq.	...	...	...	...	...	1 0 0
F. A. Baddely, Esq.	...	...	...	...	...	0 10 0
COMPTON BURNETT FUND.						Donation.
Mrs. Bertha Ronalds	...	...	...	...	...	£5 0 0

### BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the Session was held at the London Homœopathic Hospital, on Thursday, November 5, at 8 p.m. Dr. CASH REED, the President, was in the chair. Henry D. McCulloch, M.B., C.M.Glas., was elected a member of the Society. Before proceeding to the business of the evening, the President announced to the meeting the sudden death of Dr. Hayle, of Rochdale, and proposed that a letter of condolence should be sent to his widow. Drs. WILKINSON, BYRES MOIR, and DYCE BROWN, in seconding this proposal, dwelt on

the ability and devotion that Dr. Hayle had always displayed in the exercise of his profession, and considered that his untimely death was the result of overwork.

Dr. Roberson Day then read his paper entitled "Nasopharyngeal Obstruction, with Special Reference to the Homœopathic Treatment." Most of the paper was taken up by a consideration of adenoids, and especially their homœopathic treatment, which in Dr. Day's hands had been very successful, and had in many cases rendered operation unnecessary. In addition to homœopathic drug treatment by such medicines as *calcareo*, *silica*, *hydrastis*, *tuberculin*, *syphilinum*, *agrophis*, and others, he strongly recommended a course of physical exercises directed to encourage nasal breathing and chest expansion, and at the close of his paper M. Goëthe gave a demonstration of the exercises on some of Dr. Day's patients. A discussion followed, in which Drs. Jagielski, Cash Reed, J. H. Clarke, Thomas, Alexander (of Southsea), Eadie, Roche, Green, and Hey took part.

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#### HONYMAN-GILLESPIE LECTURES.

By C. E. WHEELER, M.D.

FOLLOWING the historical statement of homœopathy, the lectures for a time have been devoted to a consideration, first of modern conceptions of disease and cure, and their relation to those of Hahnemann; and secondly, to the accumulated evidence from orthodox practice and pathology, that proves the general reasonableness of the law of similars. Particular stress has been laid on the practical results, and the claims of homœopathy to achieve more numerous cures maintained. The modern knowledge of bodily resistances in the shape of antitoxins, opsonins, &c., has been used to throw light on the possible modes of action of the *simillimum*. The future lectures, from November 16 onwards, will be alternately devoted to *materia medica* and therapeutics.

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#### LONDON HOMŒOPATHIC HOSPITAL.

HIS MAJESTY THE KING has sent a gift of pheasants for the patients of the London Homœopathic Hospital, Great Ormond Street, Bloomsbury, W.C.

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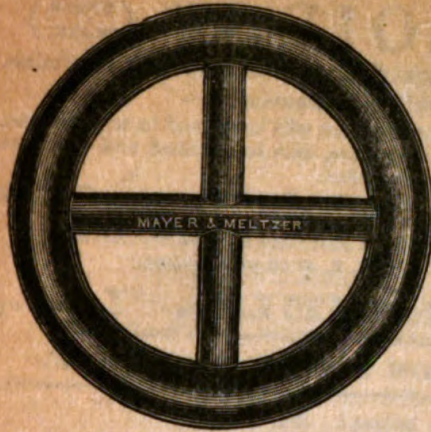
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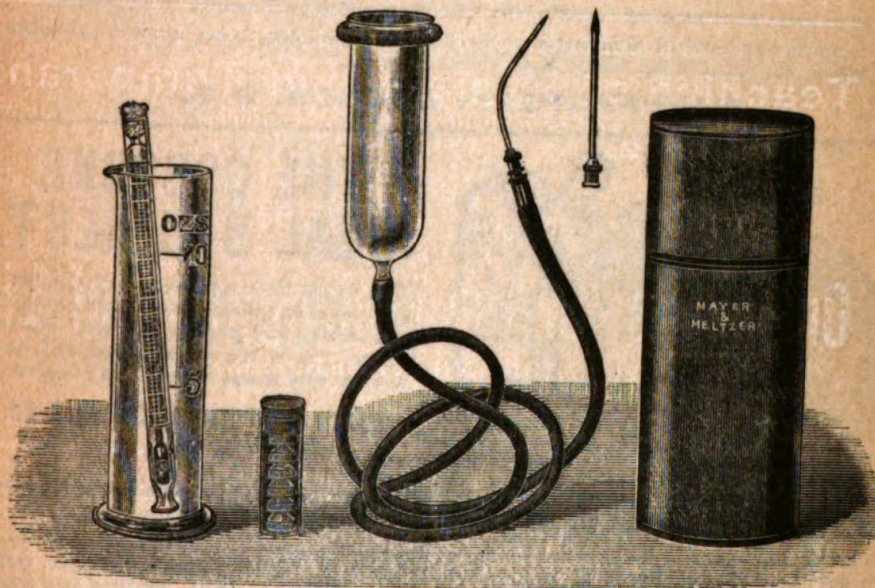
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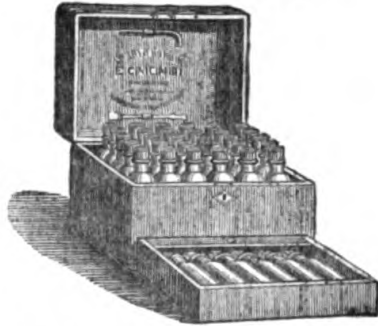
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